



Updated Time Study Plan To Be Implemented in 2005-6

School Based Medicaid Administrative Match Program Washington State

March 31st 2005

Submitted by:
Washington State Department of Social and Health Services
Medical Assistance Administration
Division of Business and Finance
School Administrative Match Section
Alan Himsl, Manager



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

March 15, 2005

John Lynch
Centers for Medicare and Medicaid Services
Region 10
2201 Sixth Avenue, MS/RX-43
Seattle, Washington 98121

Dear Mr. Lynch:

Please accept this updated submission of the state of Washington's School Based Administrative Match Program. The plan was submitted for approval in January 2004 but was not fully implemented. This program package contains updates to the Time Study Methodology to be used to determine the allocation costs to be reimbursed by Medicaid at the 50% federal financial participation. This updated plan, as the original, is designed to meet the statistical requirements outlined in the May 2003 Medicaid School-Based Administrative Claiming Guide.

This plan consists of the following two documents:

- An updated time study plan prepared by Dario Longhi PhD, Senior Research Manager, Department of Social and Health Services (DSHS), Division of Research and Data Analysis (completed October 2003 and updated March 2005). This document includes updates on definitions and processes to implement the plan fully.
- Past independent statistical reviews of the plan by Nayak Polissar Ph.D. dated October 2, 2003 and December 9, 2003. These reviews are still applicable since the features of the updated time study methodology remain the same as those in the original proposal.

Past implementation of the proposal included a sampling of days, but lacked checks of participating eligible school staff, procedures for the random sampling of such staff and a clear monitoring process. This update includes these features:

- Clear definitions of eligible staff, designated and "teacher and other" staff
- Web based submission of lists of staff, checking procedures for eligibility and random selection
- Monitoring process

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It also includes updates on the following:

- The number of schools and staff participating and expected to participate
- Time study forms
- Training plan and material
- Contracts

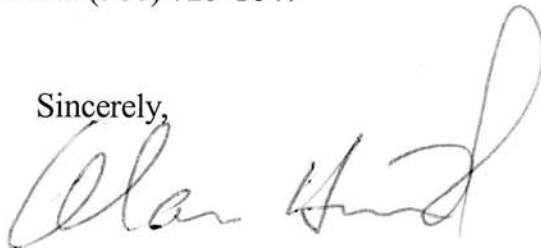
The essential statistical features of the original time study design remain unchanged. This plan, like the original proposal, includes a proviso that calls for an analysis of the first quarter results of the statistical precision of the sampling estimates. If necessary, sampling corrections in the form of changes in sampling fractions will be made.

Allocation of funds to individual school districts will be based on their own individual time study results. In the future, if groups of school districts volunteer to pool their results, we may adopt a pool based allocation process as envisioned in the original proposal and this updated plan.

The documents attached to the plan provide details of how the program will be administered to fully implement this plan. Included are processes provided to the participating school districts to meet the sampling, documentation and monitoring requirements established by DSHS. We are requesting an implementation date of July 1, 2005.

If you have any questions on this matter please contact me at the above address, by email at himslaj@dshs.wa.gov or by telephone at (360) 725-1647

Sincerely,

A handwritten signature in dark ink, appearing to read "Alan Himsl", with a large, looping flourish at the end.

Alan Himsl, Section Manager
Medicaid Administrative Match Section
Division of Program Support 45508

Enclosures: Updated Time Study Plan
Draft Training Manual

cc: MaryAnne Lindeblad, Director
Division of Program Support



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia WA 98504-5000

March 15, 2005

Alan Himsl, Section Manager
Medicaid Administrative Match Section
Division of Program Support
Medical Assistance Administration, DSHS
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Olympia, Washington 98504-5508

Dear Alan:

Attached is the "Updated Time Study Plan" for the School Medicaid Administrative Match Program in 2005-06. It is designed to meet the same statistical requirements as the original proposal: statewide time estimates with less than 5% error at a 95 % confidence.

I made no substantive changes in the original design: a modified Random Moment Sampling (RMS) is planned with random sampling of both days and school staff. The plan clearly defines these. This allows your section in DSHS to sample from submitted and monitored lists of "school days" and "eligible participating staff" from each of the contracted school districts.

The plan continues to require two eligible staff lists from larger school districts: a smaller list of "designated staff" (all required to fill in time study forms), and a larger list of "teachers and others" (one of every four to be sampled for the time study). All eligible participating staff in smaller districts, districts with less than 150 FTEs, are asked to fill in time forms.

The plan is described in the same number of pages, headings and sequence as the original proposal.

The statistical calculations remain the same as the ones presented in the original proposal. This is because we expect the number of school districts participating in the program to increase back to that in 2001-02. Contracted districts are now about 156, higher than the 83 participating districts in early 2004 and approaching the 2001-02 number of 205 (Attachment 9). Rates of participation in the time study are also expected to increase due to the efficiencies of well defined, smaller staff samples as opposed to past 'census type' returns of 'willing' participants.

The reviews by the independent consultant, Nayak Polissar, are still valid. His conclusions are that this RMS design will probably reach statistical precision in excess of those required.

A proviso in the plan calls for future statistical adjustments in this plan based on the analysis of first quarter results, if, by chance, this does not occur.

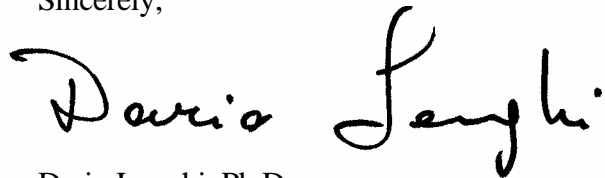
I have updated the following:

- The information on the number of school districts contracted and staff participating in the time study the past year and those expected to participate next year (mainly on page 1-2 of the text and figures and tables in Attachment 9).
- The task of the DSHS web system to handle receiving the lists, update for compliance, and conduct the sampling of both days and staff (see page 4, Figure 2 of System Overview for the Quarterly Process).
- The description of the process of allocation of funds, based on individual time study results from each school district, still allowing for possible future pooled allocation (see pages 13-14). This change does not affect the precision of statewide time estimates.

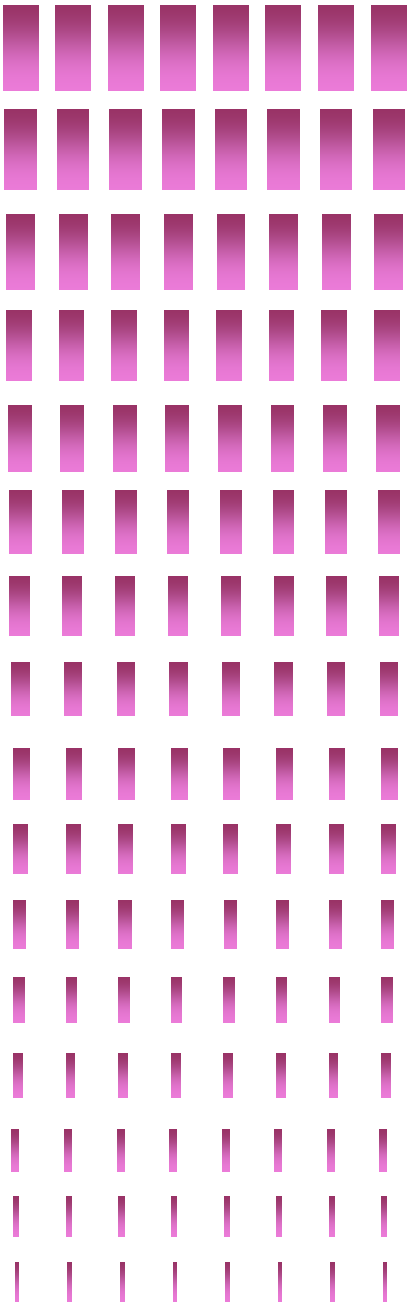
Your staff have helped formulate updated, clear definitions of ‘days’ and ‘staff’ (Attachment 2) and monitoring plans (Attachment 6). They have also provided copies of the newest versions of time study forms, sampling processes, documentation procedures, training manuals and contracts with individual school districts.

I am thankful to your staff for their cooperation in updating this plan.

Sincerely,

A handwritten signature in black ink that reads "Dario Longhi". The signature is fluid and cursive, with a large initial 'D' and a distinct 'L'.

Dario Longhi, Ph.D.
Senior Research Manager
Research and Data Analysis Division
Management Services Administration
Department of Social and Health Services



Updated Time Study Plan

School Based Medicaid Administrative Match Program Washington State

March 31st 2003

Designed, Updated and Prepared by:
Washington State Department of Social and Health Services
Management Services Administration
Research and Data Analysis Division
Dario Longhi, Ph.D., Senior Research Manager

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Updates and Overview of Plan

No substantive changes have been made to the original time study proposal (Spring 2004). We have only updated references to numbers of districts and staff participating. We have attached the most recent forms, definitions, sampling, monitoring and training procedures, contracts, and detailed data. A modified Random Moment Sampling (RMS) design is planned, where both staff and time are randomly sampled, and the frequency of certain activities is measured. Staff samples provide time estimates based on 5% error and 95% confidence. This RMS design makes conservative assumptions and aims to satisfy desired levels of statistical validity.

Since Medicaid reimbursable activities represent a very small proportion of most school staff time – about 1-4 % of the total work day, purely random time moments would capture inapplicable activities 96-99% of the time. Surveying staff at any random moment concerning their activities would be quite distracting for most respondents (while teachers are teaching, counselors are counseling, etc.) and a very inefficient way of collecting such information.

Study Design - A modification of the RMS design is planned whereby:

- Eligible school staff are identified by OSPI program and funding codes (Attachment 2);
- School staff are randomly selected each quarter for each school district;
- School days are randomly selected each quarter, independently for each school district;
- A log of activities is entered on a standard form by selected staff on each selected day.

This modified design still insures random, unbiased, measurement, but in a less intrusive, more efficient, way than a completely random moment sampling design. A minority of staff is affected on a few randomly selected days each quarter. The sampling universe of appropriate “school days” and “eligible” staff is checked each quarter. Days and staff are selected at random by a computerized system operated by an agency external to the school districts: the Department of Social and Health Services (DSHS).

Sampling of Staff - Further efficiencies are gained, and more accurate time estimates are obtained, by stratifying the population of staff into three categories (see Figure 1) and selecting:

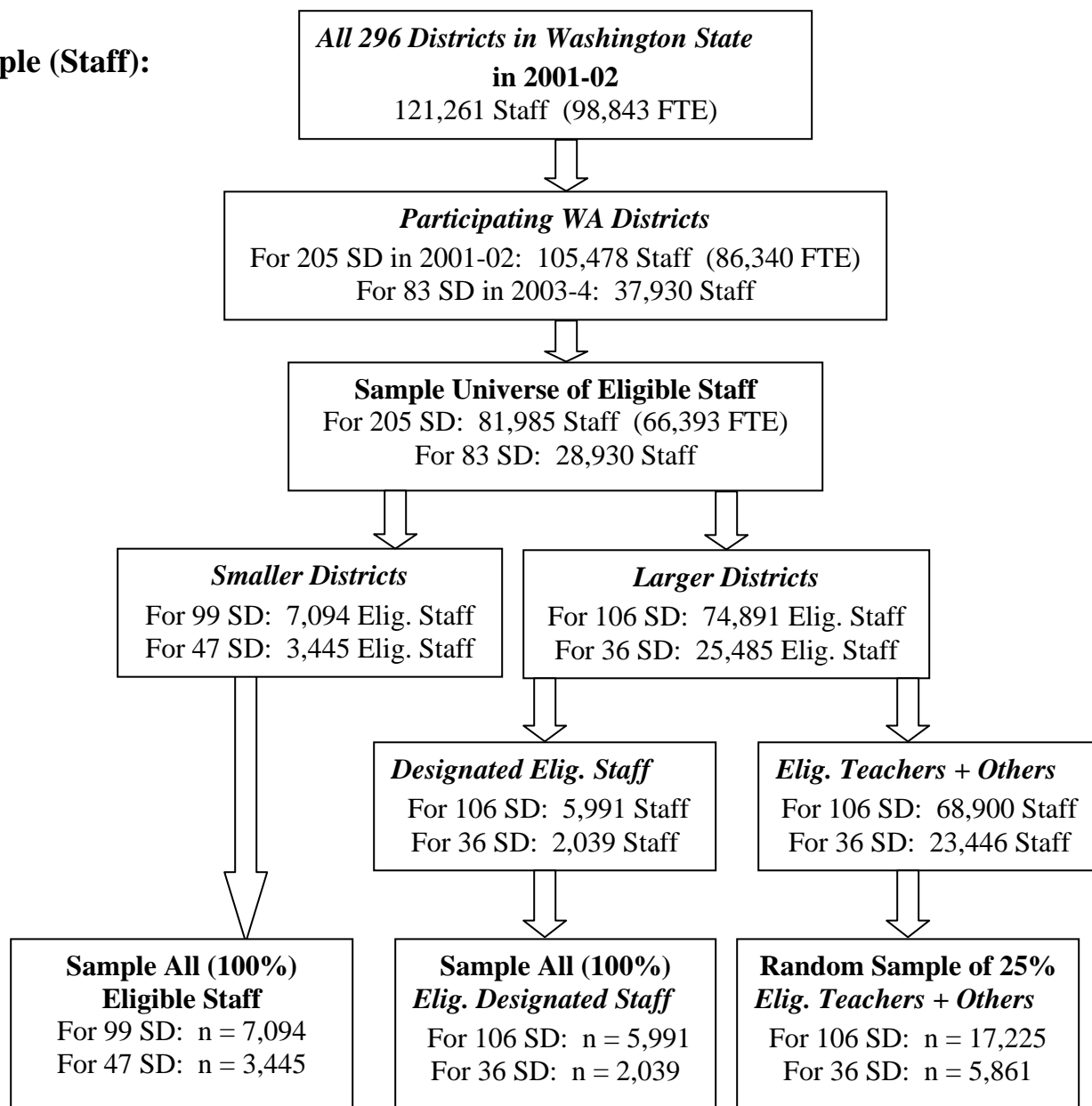
- All eligible staff in the 47 to 99 smaller school districts participating -- a statewide sample size of 3,44 to 7,094 staff (5,199 FTE, averaging about 53 FTE per district);
- All ‘designated’ staff in the 36 to 106 larger school districts – representing a range of 4-8% of all eligible staff who do most of the outreach, and actual connecting of students to Medicaid paid services (averaging 25-50 FTE per district = 2,039-5,991 staff statewide);
- 25% “teachers and other support staff” -- selected at random in the 36 to 106 larger school districts -- who do mainly referral and monitoring activities for ‘their’ students -- a statewide sample size of 5,861 to 14,640, averaging approximately 138 FTE per district.

The following figure shows the number of staff who will be randomly selected for the time study when the full RMS plan is implemented in 2005-06. It is based on an expected increase in participation to about 205 districts (as in 2001-02) from 83 districts participating in 2003-04.

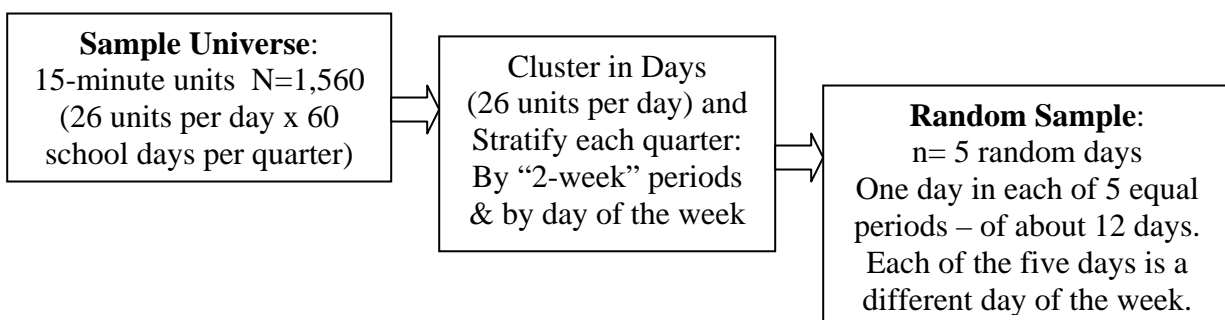
Sampling of Days - It is planned that DSHS select a random sample of five school days prior to each quarter for each school district from calendars specific to the school districts. A computer program has been written to accomplish this. It guarantees that the five school days selected at random specific to each district be distributed across the five “two week” periods in the quarter and represent every day of the week (Monday through Friday). (See Attachment 3.)

Figure 1
Washington State Modified RMS Design
(Based on 205 Participating SD in 2001-2 and 83 SD in 2003-4)

People (Staff):



Time (School Quarter):



Study Process - To conduct this time study, a series of steps needs to be followed each quarter. Some steps are done by participating school districts, some by DSHS (See Figure 2).

At the beginning of each quarter:

- | | |
|-------------------------|--|
| <i>School Districts</i> | Verify their calendars of “school days;”
List all eligible school staff, divided into “designated” and “teacher and other staff” for larger districts, and send the lists to DSHS;
Train all eligible staff (Attachments 4 and 5). |
| <i>DSHS</i> | Selects samples of days and staff, and sends them back to district coordinators (Attachment 3);
Monitors training (Attachment 6);
Supplies data collection forms (Attachment 1). |

During each quarter:

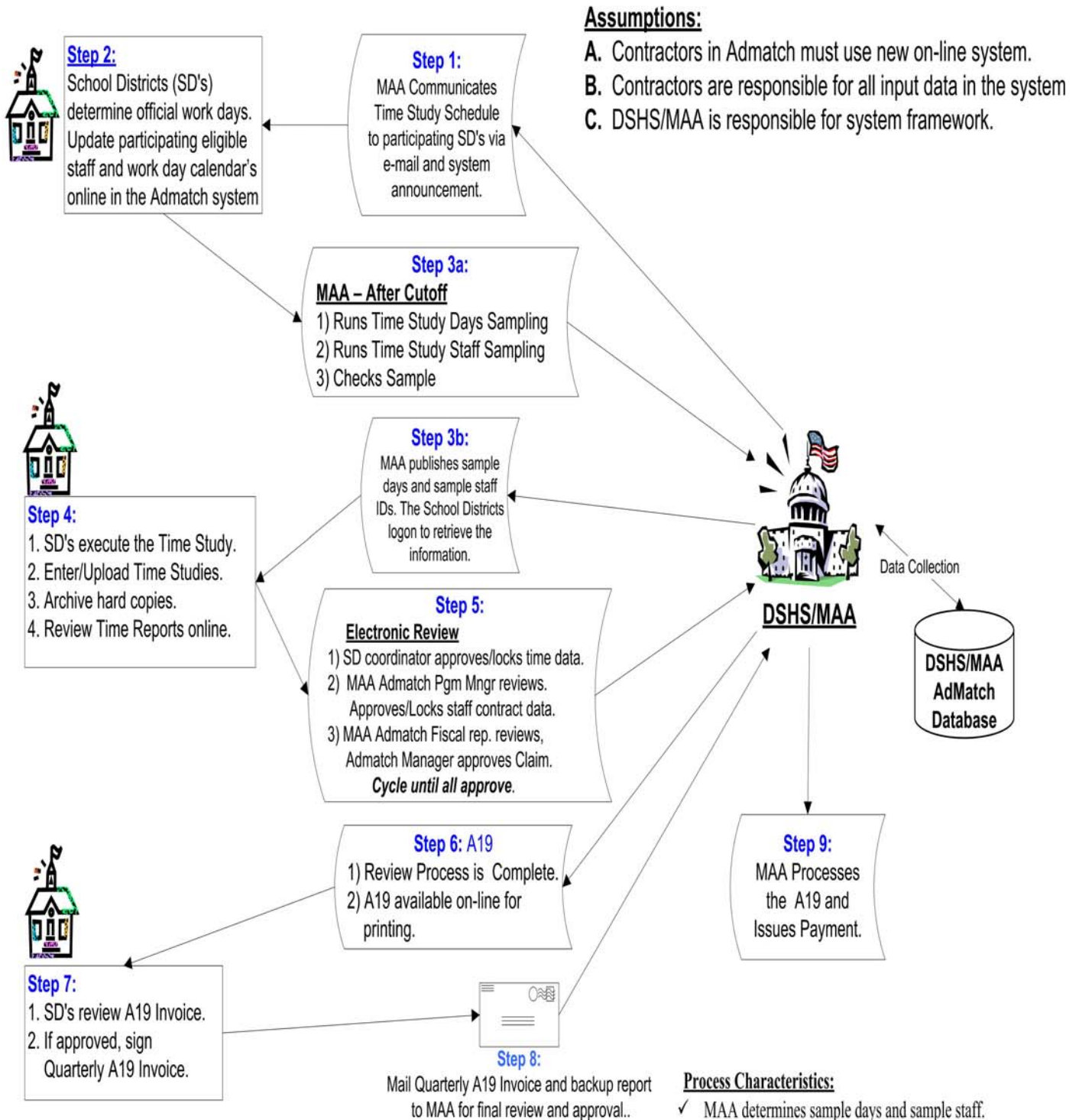
- | | |
|-------------------------|--|
| <i>School Districts</i> | Two days before each sampled day, district coordinators send notification and forms to sampled staff;
Collect forms from staff within three days after sampled day;
Send raw data electronically to DSHS (web based form and data entry system are being developed). |
| <i>DSHS</i> | Monitors timeliness of returns (Attachment 6);
Summarizes results and calculates average time spent (non-returned forms are assumed to represent “0” time spent);
Returns individual results for each day electronically to School Districts. |

At the end of each quarter:

- | | | | | | |
|---------------------------------|--|--------------------------------|--|---------------------------------|--|
| <i>DSHS</i> | Documents compliance with design and sampling methodology (see Monitoring Procedures Attachment 6);
Calculates results for each larger school district, based on designated staff returns and the 25% random sample of “teachers and other” staff (pooling may occur: Attachment 9) and for all staff in each smaller school district;
Calculates precision of estimates;
Sends quarterly results back to district coordinators. | | | | |
| <i>School Districts</i> | Prepare, check, sign and submit invoices to DSHS. The invoices will be based on:
<table border="0" style="margin-left: 20px;"><tr><td style="vertical-align: top;"><i>For 99 small districts:</i></td><td>The time measurement for each of the 99 districts;</td></tr><tr><td style="vertical-align: top;"><i>For 106 large districts:</i></td><td>The time measurement for designated staff in each district,
plus
The time measurement for teachers and other staff in each district -- estimated by multiplying “designated” time for each district by the ratio of pooled “teacher” time to pooled “designated” time (see example in Attachment 6).</td></tr></table> | <i>For 99 small districts:</i> | The time measurement for each of the 99 districts; | <i>For 106 large districts:</i> | The time measurement for designated staff in each district,
plus
The time measurement for teachers and other staff in each district -- estimated by multiplying “designated” time for each district by the ratio of pooled “teacher” time to pooled “designated” time (see example in Attachment 6). |
| <i>For 99 small districts:</i> | The time measurement for each of the 99 districts; | | | | |
| <i>For 106 large districts:</i> | The time measurement for designated staff in each district,
plus
The time measurement for teachers and other staff in each district -- estimated by multiplying “designated” time for each district by the ratio of pooled “teacher” time to pooled “designated” time (see example in Attachment 6). | | | | |

Figure 2

System Overview for the Quarterly Process School Based OutReach and Linkage (AdMatch)



Last Updated 3/2/2005 BDC

The Modified RMS Design

Random Moment Sampling (RMS)

The planned time study is a modified version of Random Moment Sampling (RMS) which is the most efficient tool for periodically estimating time spent on various activities by persons conducting routine jobs (See Bolstein, 1986; Niebal, 1972).

RMS uses a well-defined set of activities into which work can easily be divided. This study proposes to identify Medicaid-related activities and collect data on them through a standard data collection form. (see Attachment 1: Data Collection Form and Activity Codes)

RMS defines the sample universe, the population, as the product of people and time: the product of all persons and all possible time moments. It then samples a set of random person/moments (a particular time for a particular person) and infers the sample results to the population.

Modification

The planned design is a modified version of the RMS general design. Although not a completely random design for sampling moments, it is a random sampling of staff and days within strata. Stratifying the sample universe of persons and days improves the precision of estimates compared to simple random sampling.

For persons, the model proposes:

1. A stratification of school districts by size – two main strata composed of school staff working in smaller versus larger districts (less than/ more than 150 FTE) and a further subdivision among the larger districts into a large and very large category (less than/ more than 1,550 FTE). See Attachment 9 for a frequency distribution table of school districts by size and of time spent on Medicaid Activities in 2001-2002 across school districts of different sizes. Note the major differences in average time spent by staff in small districts (6.2%), large districts (4.7%) and very large districts (1.9%).
2. A stratification of staff within larger school districts, first by school, and then, within each school, by duties and tasks that they perform – two strata per school composed of a category of ‘designated’ staff (performing a variety of specialized tasks linking students to Medicaid eligibility and services), and a second category composed mainly of teachers and some support staff (performing mainly referral and monitoring tasks). Past time studies indicate that the number of ‘designated’ staff is small, about 4-8% overall, and that they spend more time, on average, on Medicaid activities than teachers and other support staff (about 10-20% versus 1-4%, respectively).

For time, the model proposes clustering time moments into full “school days,” since only a very small part of each day is spent on Medicaid activities (about 3% on average) and sampling days is more practical:

1. 15-minute intervals will be sampled clustered into five full days generating a total of 130 time moments. The days will be randomly selected for each school district based on its school calendar.
2. Each sampled staff member in a participating school district will complete full-day time logs for the five randomly selected days for that district, recorded in 15-minute intervals.
3. Medicaid activities, consistent with CMS guidelines, will be clearly defined. (See the planned form in Attachment 1, the documentation guide in Attachment 4, and the Training Manual in Attachment 5.)

The model also planned to sample days with stratification. Some exploratory work with expert informers suggests that time spent varies most by

1. Early/late period of the quarter – the ‘first two weeks’ versus the ‘last two weeks’ versus the ‘middle’ period of the quarter, and
2. Day of the week – referral activities are said to happen earlier in the week, time consuming connecting activities later in the week.

Therefore, the model plans a stratification of days that provides a proportional representation of all time periods in the quarter and of all the days of the week:

1. A stratification of five equal “12-day” periods throughout the school quarter – to evenly distribute the sampled school days (avoiding possible grouping of simple randomly selected days at the beginning, middle or end of the quarter).
2. A stratification of days of the week (Monday to Friday) – to guarantee that all the days of the week are included in the sample. (See the description of the automated random sampling procedures for selecting days in the quarter in Attachment 3).

First quarter results using this approach will provide estimates of both the average time spent each day of the quarter and also the variance in time spent across the 60 days in the quarter. For example, sample size for each day in the quarter will be approximately 1,200 teachers (14,400/60). The sample sizes will be sufficient to provide fairly accurate estimates of time spent by period of the quarter and by day of the week (n=14,400 teachers aggregated for each period and each day of the week).

Proviso: Future studies on first quarter results will test the assumptions of independence of people and time and may recommend modifications in sampling calculations and consequent sample sizes.

Statistical note: The formula used to establish sample sizes assumes a “yes/no” dichotomous variable to designate use or non-use of a 15-minute slot of time for Medicaid activities. The advantage of this choice of a dichotomous variable is that the variance follows directly from the choice, and some kind of variance estimate is needed to proceed with a sample size calculation. The choice of a dichotomy is a conservative assumption, with a conservative influence on sample size estimates, as shown below. Although the model proposes to sample five full days, data will be collected on whether or not the staff member engaged in Medicaid related activities for each 15-minute time moment within those five days.

The Statistical Sampling Frame for Selecting Staff

Eligible staff in small districts: The sample selection of all eligible staff in small districts (n = 3,445 for 83 SDs and n = 7,094 for 99 SDs) increases the precision of the statewide estimate and facilitates the equitable distribution of Medicaid funds to individual school districts.

- Smaller school districts vary considerably in the amount of time spent on Medicaid activities: between 1% and 10% or more. Random sampling of eligible staff in smaller districts would generate large random sampling errors.
- Smaller school districts have a higher than average time spent on Medicaid activities: about 6.2 % compared to the 3.7% statewide average. Sampling all staff in these smaller school districts contributes to the accuracy of the statewide estimate.

Furthermore, the allocation of Medicaid funds within Washington State to each small school district is easily calculated based on each district’s results.

Eligible “designated” staff in larger districts: The sample selection of all eligible “designated” staff (n = 2,039 for 36 SDs and n = 5,991 for 106 SDs) increases the precision of the estimate for each larger district and also increases the precision of the statewide estimate, as well as facilitating the equitable distribution of Medicaid funds to each school district.

- “Designated” staff, even though a small proportion of all eligible staff, are estimated to spend a larger proportion of their time than teachers and other support staff. They are involved in more time-consuming types of activities: planning, outreach, helping to fill out eligibility forms, informing parents, connecting with medical service providers, etc. Measuring the time spent by all designated staff decreases the random sampling error of estimates for these larger districts.

Furthermore, the allocation of Medicaid funds within Washington State to each of the larger districts is facilitated by this extra precision. Each larger district will receive funds based on the time spent by these designated staff and by the 25% random sample of “teachers and other” staff.

Eligible “teachers and other support staff” in larger districts: 25% random samples are planned for each larger district. Statewide this population is estimated to reach 68,900 staff in 106 SDs in 2005-06 (increasing from the past 23,446 teachers in 83 SDs in 2003-04). The recommended sample size for the first quarter in 2005-06 is 25% generating a sample of 17,225 teachers and other support staff (14,640 FTE). This is a reasonably conservative estimate of the sample size necessary to reach statistical validity.

Though not fully applicable (due to non-independence of many 15-minutes reported by the same staff, potential non-independence of staff within the same school, potential non-independence of schools within the same district, and potential variability of the parameter P) a formula useful for calculating the necessary sample size for teachers is the following:

$$n = z^2 N P(1-P) / [(N-1)e^2P^2 + z^2P(1-P)]$$

with

N = 91,338,000 (RMS moments: 58,550 teachers times 1,560 time periods)

z = 1.96 (Two tailed, 95% confidence)

e = .05 (5% error in estimates)

P = .0209 The proportion of 'RMS hits' expected for the sample universe of teachers in larger districts.

Rather than using this equation to justify the sample size, it is used to establish a large sample size under very conservative assumptions. The conservatism (and safety) of the sample size is shown below. In fact, the precision of the statewide estimate is more likely to be 2-3% than 5%.

(The 2001-2002 Washington statewide estimate is .0295 for these larger districts, after including the ten percent reduction in order to account for stricter definitions activities that can be considered Medicaid related ones in the future. This estimate is further reduced by the estimated time of designated staff of about .0086, which gives us the final .0209 figure.)

This formula produces a sample size of 71,932 RMS moments. If five 15-minute time samples are chosen, then the teacher sample size needed is 14,386 (since $5 * 14,386 = 71,932$). The figure of 14,386 teachers is very close to the one-quarter fraction of teachers, 14,640, and the operationally simpler one-quarter figure of 14,640 teachers will be used.

Methodology:

1. Time: select five days at random for each school district (instead of five 15-minute periods).
2. Persons: randomly select one fourth of the teachers in each larger school district
 $68,900 / 4 = 17,225$ (or $58,550 \text{ FTE} / 4 = 14,640 \text{ FTE}$).

Statistical note on adequacy of planned sample sizes of person-days: The following discussion of the statistical adequacy of sample sizes was recommended by the independent reviewer, Nayak Polissar Ph.D. He suggested statistical analysis that could show directly the conservatism (safety) of the choice of a sample of one-quarter of the teachers.

First, the one-quarter figure arises from the simple random sample format used just above, with the sample size derived from the equation noted. In this Washington school setting, the precision of the estimate from an appropriate *stratified* random sample, such as that which will be used in the planned time study design, will be superior to that of a simple random sample.

Second, the planned sample size of one-quarter of the teachers ($n = 14,640$) in large districts, will provide better than 5% precision for the statewide estimate of percentage Medicaid time, even if the format were to

be a simple random sample. The excellent precision can be shown as follows. Just for this demonstration, the assumption is made that a simple random sample will be drawn of teachers in the large school districts. For simplicity, we ignore the finite population correction (This correction leads to greater precision, and by ignoring it in this demonstration, we are understating the precision of the simple random sample.) The precision of the estimated percentage Medicaid time is defined as the half-width of the 95% confidence interval for the estimate, which, for a simple random sample, is

$$\text{Precision} = z * S / \sqrt{n}.$$

As defined earlier, $z = 1.96$, corresponding to 95% confidence, and n = sample size. The quantity S is the sample standard deviation of the percent Medicaid time, calculated across the sample of n teachers.

If the mean value of percent Medicaid time is M , then the precision can be presented as a percentage of the mean by the equation

$$\text{Precision (\%)} = 100\% * z * (S/M) / \sqrt{n}.$$

The quantity (S/M) in this equation is the coefficient of variation (CV), and in most realistic settings it is under 1.0. (A CV of 1.0 would be considered highly variable data.) The precision (%) equation shows that with the sample size of 14,640, the CV could be as large as 3.1 and still yield a precision (error) of 5%.

A CV of 3.1 is extraordinarily large and is unlikely to be encountered in practice. For example, economic data, of which percent effort is kindred, may be quite skewed and have a large CV. The lognormal distribution is sometimes used to model economic and environmental data, and a CV of 3.1 for the lognormal distribution would imply that the 95-th percentile of the distribution would be about 18 times as large as the mean—extraordinary skewness. If the observed CV is 1.0 or 2.0 in the Washington data, then the precision of the mean percent Medicaid effort would be 1.6% or 3.2%, respectively—under the 5% precision goal.

In summary, while the sample size for the first quarter is based on convenient and usually conservative assumptions, the expected precision is likely to be substantially better than 5%, due to

1. The use of stratification in sampling,
2. The multi-day sample per teacher,
3. The inclusion of 100% samples of designated staff in all districts, and
4. Inclusion of 100% of teachers in smaller districts.

Proviso: Recommendations to modify the sampling design will be made on the basis of standard statistical formulas, using estimates of time variances from first quarter results. Possible modifications might include:

1. Decrease the number of days or staff sampled if the day-to-day variance is small; or
2. Decrease the number of days or staff sampled if the distribution of time is found to be independent of staff/school district characteristics; or
3. Increase the number of days or staff sampled if the day-to-day variance is large.
4. Modifying the method of selection of days in a quarter giving different sets of staff members different sets of randomly sampled days. For example it may be practical in larger school districts to sample different sets of days by type of school (elementary, middle, high school, alternative schools) or by prevalence of Medicaid students (high, medium, low prevalence).

Sampling Decisions in this Modified Design Produce Conservative Statewide Estimates

- Stratification reduces error: days stratified by day of the week and beginning/middle/end of quarter, and persons stratified by size of school and function in larger school districts.
- Randomly selecting five days instead of five 15-minute periods provides data for 130 moments of time and allows calculations of time variances for future design modifications.
- A two-tailed test of significance at 95% confidence means that the chances of overpayment are actually only 2.5%.
- Decreasing the estimate of the proportion of time spent by teachers and others in large school districts by 10 percent increases the sample size required.
- Among small school districts, and designated staff in large school districts, the only error is associated with time since all staff are sampled.

In summary, statewide, the modified stratified design collects information from 30,310 school staff (23,814 FTE) sampled on five random days, involving 130 fifteen-minute periods for a total of 3,095,820 FTE person-time moments.

Major RMS Features are Preserved to Provide Unbiased Estimates

The planned time study to be implemented in 2005-06 follows major RMS requirements

Random sampling

- Random samples of similarly defined eligible staff and time are drawn. (See Attachment 1 on definition of eligible staff and school days)
- Only a minimum notice is given, prior to the study, of who the sampled persons are and when the sampled days will occur.
- Sample universes are defined for each school district, and samples are drawn at random, by an entity 'external' to the school districts: the Medical Assistance Administration staff in the Department of Social and Health Services (DSHS).
- Random samples of persons and days are taken prior to the beginning of each quarter for each participating school district.

Clear definitions of activities to be measured

- All staff in the sample universe are equally trained, with the same guidelines and definitions. (See Attachment 5, on training)
- The data collection forms are uniform. (See attachment 1, on data collection form)

Unbiased data collection procedures

- Sampled time results are collected soon after they are recorded – day logs are turned in within specified deadlines.
- It is assumed that unreturned forms reflect ‘0 time spent on Medicaid activities’, a procedure that produces bias in a conservative direction (underestimating, not overestimating, average time spent).
- No substitutions are allowed except for staff that may no longer work for the district (left employment, died etc.), or days no longer considered school days (snow days, teacher strike days, etc.). Substitution staff and days are chosen at random by the external entity, DSHS.
- Time study procedures are documented. (See Attachment 4, on documentation)
- Random data quality checks are conducted by DSHS. (See Attachment 6, on monitoring)

Clear definition of who does what

- DSHS and School Districts have clear responsibilities and roles (see Attachment 7, on DSHS contracts with school districts)

Detailed Features of the Planned Design

The Sampling Universes of Eligible Persons and Time are Clearly Defined and Verifiable

The planned study defines the set of *eligible* school staff to be included in the sample universe. It excludes about 23% of all school staff through a set of clearly defined program and duty codes maintained by the Office of the Superintendent of Public Instruction (see OSPI codes and statewide and school district staff counts, in Attachment 2: Definition of Sample Universe). These codes exclude staff fully funded by other federal sources, staff whose expenses are covered by the 'indirect cost' allocation formula, and staff employed in specific food, transportation and building maintenance programs.

The study includes in the sample universe of time all the officially defined "school days" in the particular quarter. They average 60 days per quarter in the legally prescribed 180-day school year, even though they may differ district by district. Field trip days and parent conference days are also included. The days are officially posted on the OSPI web site before the beginning of each year (see Attachment 2).

Calculation of Overall Statewide Estimates of Time, if Needed for Reports (Not for Reimbursements) Involve Weighted Averages Due to Different Sampling Fractions and Sizes of Strata

Since in some strata the design calls for sampling all staff, in others it calls for sampling only a quarter of the staff, observations will have to be appropriately weighted in order to provide an accurate statewide measure of time spent on Medicaid related activities.

This can be achieved in a two step process:

1. Weighting the appropriate results for each of the larger districts (combining full samples of designated staff with quarter samples of teachers in each district, using weights proportional to FTEs)
2. Weighting the appropriate summary results from the larger districts with those from the smaller districts, using weights proportional to FTEs.

Allocation of Funds to Individual Larger School Districts is Based on Two Time Estimates: one for "Designated" Staff and one for "Teachers and Other Staff."

In the future, if some larger districts agree, pooled allocations are also possible. Ratios of pooled "teacher time" to individual "designated time" can be calculated based on pooled averages of teacher time across a number of districts. The advantage is that pooled teacher estimates will be more precise than individual district sample estimates since the pooled sample size will be larger. Future calculations can be made of variability across school districts.

The designated staff and teacher time estimates are expected to be highly correlated if either, or both, of two conditions apply:

1. The higher the time spent by teachers referring and monitoring students, the higher the time spent by designated staff connecting students to Medicaid.
2. The higher the time spent in program development, planning and training and in outreach activities by designated staff, the higher the time spent by teachers in referring and monitoring students.

The magnitude of this correlation can be calculated after the first quarter results are collected. If the correlation is relatively high, and the residual standard error is relatively low, then the two calculated ratios can be used to allocate the pooled time for “teacher and other staff” to each larger school district. This is accomplished by multiplying the calculated ratio (pooled teacher time/pooled designated time) times the measured “designated” staff time unique to each larger school district (see the illustrative example of pooled based calculations in Attachment 8).

Sample Sizes in the Modified Design Compared to Those Required in a Simple RMS Design

In order to calculate the necessary sample size to meet the requirements, it is important to identify whether the variable “time spent on Medicaid related activities” can be considered a dichotomous (yes/no) variable or a continuous one (amount of time or % of total time available per staff). This influences what formulas to use.

If we measured the presence of Medicaid related activities for individual 15- minutes time periods, the variable would be dichotomous: either staff did or did not spend those fifteen minutes on Medicaid activities. The data collection procedure would entail asking staff about particular, randomly chosen 15- minute periods. Under these conditions the following formula could be used to calculate the necessary number of RMS moments to be sampled:

$$n = z^2 N P(1-P) / [(N-1)e^2P^2 + z^2P(1-P)]$$

with

N = 103,573,000 (RMS moments)

z = 1.96 (Two tailed, 95% confidence)

e = .05 (5% error in estimates)

p = .03366 (The proportion of ‘RMS hits’ expected for the sample universe)

This is the 2001-2002 Washington statewide estimate of .0374 reduced by ten percent, in order to account for stricter definitions of activities that can be considered Medicaid related ones in the future.

This formula produces a sample size of 44,608 RMS moments. If five 15-minute time samples were chosen, then the staff sample size needed would be only 8,921 FTE (5 * 8,921 FTE = 44,608).

This simple random sample RMS design involves a much smaller number of staff than the modified design planned here: 23,814 FTE (5,199 small school district FTE, plus an expected average of 3,975 designated FTE, plus 14,640 teachers and other staff FTE).

Statistical notes on adequacy of the sample size for statewide estimates. The situation here is similar to that for the discussion of the sample for large districts (earlier in this document). The sample of 23,814 teachers would be expected to give better than 5% precision (error) from any set of districts, as noted in the earlier discussion. In the planned design, a substantially larger total statewide sample size is planned than that required by a simple random sample RMS design, and precision will be, correspondingly, even better than noted earlier. Precision is, again, expected to be considerably better than 5%.

Given the differences between a simple random sample design and the modified design planned here, it is useful to recall which modifications were made and why.

Summary of Reasons for Modifying the Simple Random Sample Design

Practical reasons: clustering time – In practice, it is difficult to measure time spent in a particular fifteen minute moment (interrupting school staff engaged largely in teaching and other educational activities). Furthermore, staff would get annoyed and become non responsive since they would have to respond ‘no’ most of the time. Aggregating moments into clusters of days is a much better alternative. A daily time log of activities is much less disruptive and can collect more information more efficiently.

Characteristics of schools and staff: stratifying by district and by staff – Staff in smaller school districts, often in more rural and poor areas of the state, spend more time in Medicaid related activities. Staff in these smaller schools ‘wear many different hats’: they do not specialize in what they do. Many different types of staff engage in Medicaid related activities. 2001-02 data suggest stratification of schools in two strata: 99 smaller school districts, 106 larger ones.

In larger school districts, on the other hand, exploratory research suggests that few designated staff engage in the more time consuming Medicaid activities (outreach, compilation of forms, contacting parents and providers etc.) while teachers mainly identify, refer and follow up students. This suggests stratifying staff in larger districts into two strata: designated staff (comprising 4-8 percent of total staff) and the rest, mainly teachers.

Allocation of funds to individual districts – The plan in the Medicaid Administrative Match program is to continue contracting with each school district. The districts want to be reimbursed based on the magnitude of their specific efforts. No demographic or school characteristics have been found to predict individual district time accurately enough. Only 30 percent of the variance can be explained by a variety of such factors. Therefore, the sampling design needs to generate samples large enough to estimate the time spent by each individual school district.

References

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- Levy, P.S., and S. Lemeshow. 1991. *Sampling of Populations: Methods and Applications*. N.Y.: John Wiley and Sons, Inc.
- Niebal, B.W. 1972. *Motion and Time Study*. Richard D. Irwin, Inc.

ATTACHMENTS

ATTACHMENT 1:
DATA COLLECTION FORM AND ACTIVITY CODES
QUICK REFERENCE GUIDE

SCHOOL ADMINISTRATIVE MATCH TIME STUDY

Staff Name (print): _____ Job Title: _____ Date of time study (mm/dd/yy): _____
 School District _____ School Building: _____

This time study represents the activities that I performed during the "Date of time study" above. I did not alter my normal routine for the time study or use any other form to track my time for purposes of claiming administrative match funds. **Staff signature:** _____ **Date:** _____

I reviewed this time study and it is complete and in compliance with Medicaid Administrative Match program guidelines.

Supervisor's signature: _____ **Date:** _____

			Total Hours & Minutes											
			1	2	3	4	5	6	7	8	15	30	45	
Code 3 - EDUCATIONAL SCHOOL-RELATED & ACTIVITIES - Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students			0	0	0	0	0	0	0	0	0	0	0	
Code 4 - DIRECT MEDICAL SERVICES - Provision of care, treatment/patient follow-up &/or counseling services, & the related administrative/clerical activities, & staff related travel			0	0	0	0	0	0	0	0	0	0	0	
Code 10 - SYSTEM SUPPORT OR PERSONAL TIME - <u>Breaks</u> , lunch, annual leave, and sick leave.			0	0	0	0	0	0	0	0	0	0	0	
REFERRAL, COORDINATION & MONITORING	Tick Marks 15-Min Each	Provide a brief narrative description												
Code 9a - Referrals for non-medical services or state education agency mandated child health screens, (Free Care), (e.g. vision, hearing, scoliosis) services			0	0	0	0	0	0	0	0	0	0	0	
Code 9b - Referrals for medical, dental, mental health, substance abuse, & family planning services MUST BE REFERRAL TO MEDICAID PROVIDER.			0	0	0	0	0	0	0	0	0	0	0	
OUTREACH														
Code 1a - Inform potential eligible individuals about General health education, wellness & prevention programs, IDEA & child find activities			0	0	0	0	0	0	0	0	0	0	0	
Code 1b - Inform potential eligibles about Medicaid & Medicaid managed care & encourage access			0	0	0	0	0	0	0	0	0	0	0	
FACILITATING APPLICATIONS														
Code 2a - Explain eligibility process & how to apply for programs like IDEA, TANF, & reduced lunches			0	0	0	0	0	0	0	0	0	0	0	
Code 2b - Explain & assist students/families with Medicaid application process; verify current status			0	0	0	0	0	0	0	0	0	0	0	
TRANSPORTATION														
Code 5a - Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, &/or educational programs or activities			0	0	0	0	0	0	0	0	0	0	0	
Code 5b - Scheduling or arranging transportation to Medicaid covered services			0	0	0	0	0	0	0	0	0	0	0	
PROGRAM PLANNING, POLICY DEVELOPMENT & INTERAGENCY COORDINATION														
Code 7a - Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health) screening, policy development, for school aged children			0	0	0	0	0	0	0	0	0	0	0	
Code 7b - Improving coordination/delivery/planning of medical/dental/mental health services to children			0	0	0	0	0	0	0	0	0	0	0	
TRAINING (PARTICIPATION IN OR COORDINATION)														
Code 8a - Improving delivery & referral to non-Medicaid services like IDEA/Child Find activities/programs			0	0	0	0	0	0	0	0	0	0	0	
Code 8b - Improving delivery & referral to Medicaid related services, early identification & referral for special health services like EPSDT.			0	0	0	0	0	0	0	0	0	0	0	
Total paid time worked this day:	Total hours tracked this day:													

TIME TOTALS ABOVE MUST MATCH

SCHOOL ADMINISTRATIVE MATCH

TIME STUDY FORM INSTRUCTIONS (Revised June, 2004)

DIRECTIONS FOR THE COORDINATOR:

Distribute this form and the Quick Reference Guide to all participants. Make sure all participants have access to a current Medicaid Provider list. At the beginning of each quarter, five random time study days will be identified by MAA and posted on the automated system. The coordinator must access the system in order to obtain the selected days. In preparation for each time study day, notify all participating school staff and distribute the time study and related form no more than five days in advance. It is required that all time study forms be signed and collected within five working days of the time study day.

DIRECTIONS FOR SUPERVISORS:

Participants may be informed of the time study day no more than five days in advance. Distribute the time study and related forms. In order to participate, staff must be trained on allowable activities and how to complete the Time Study form. Within five working days of each TS day, review and verify by your signature the completed time study forms. Please confirm with the participant that any changes made to the Time Study form are appropriate.

DIRECTIONS FOR TIME STUDY PARTICIPANTS:

Only complete the time study for the randomly selected day indicated. Do not change your normally scheduled activities. This is important to the accuracy and validity of the time study. The left hand side of the form lists activity codes and a brief description of the types of activities under each code. For your time spent in Codes 3, 4 and/or 10, **only** fill in the bubbles to the right for time spent for those activities. For activities performed in all other codes, you may use the Tick Mark column. Each tick mark represents a 15-minute increment of time. A brief narrative describing the activity is required for all "b" codes. At the end of the day, total up the tick marks and complete the bubbles on the right. Next, total the hours tracked from the bubbles. Account for all time worked, which can not be less than your contracted hours. After completing the time study form, sign and date the certification and promptly return the form to your supervisor.

SAMPLE OF COMPLETED FORM:

	<u>Tick marks 15 min</u>	<u>Narrative description</u>	<u>Total Hours & Minutes</u>
			1 2 3 4 5 6 7 8 15 30 45
Code 3: EDUCATIONAL SCHOOL-RELATED ACTIVITIES			0 0 0 0 X 0 0 0 0 0 X
Code 2: FACILITATING APPLICATIONS	IIII I	Assisted parent in filling out Medicaid app	X 0 0 0 0 0 0 0 0 X 0 0
Code 5: FACILITATING TRANSPORTATION	II	Called trans broker	0 0 0 0 0 0 0 0 0 X 0 0
Code 7: PROGRAM PLANNING, POLICY DEVELOPMENT			0 0 0 0 0 0 0 0 0 0 0 0
Total Paid time worked this day: 7 hrs. 30 min. Total hours tracked this day: 7 hrs. 30 min. TIME TOTALS ABOVE MUST MATCH			

The remaining space is available for any additional activity documentation, if needed.

Code	Activity
3 – Educational & School-Related Activities	Regular assigned duties Prepare & provide classroom &/or individual instruction Social and educational service activities, Carry out discipline Evaluate curriculum, policies or instruction Develop & monitor IEP goals Supervise students outside of the classroom Monitor immunization compliance
4 – Direct Medical Services Provide care, treatment & counseling services	Physical, mental health or developmental assessments & diagnostic testing Assisting with personal care or special procedures or performing clinical services Health/ mental health services identified in an IEP Speech, occupational &/or physical therapies Routine or mandated health screenings Administering first aid, prescribed injections, immunizations or medications
10 – System Support or Personal Time	Lunch, breaks, vacation, & sick leave
9 – Referral, Coordination & Monitoring	
9A – Referrals for non-Medicaid services	Referrals to social, educational, vocational services & special education Internal referrals including referrals to other staff for injuries, suspected substance abuse, discipline, medical needs, scholastic concerns, assessment for 504 or Special Ed services Gathering info in advance of non-Medicaid related referrals Participating in a meeting/discussion to coordinate/review a student's need for non-Medicaid related services
9B – Referrals for Medicaid services (medical, dental, mental health, substance abuse & family planning)	<i>Filters (Conditions) to be met for this activity:</i> Not direct medical care, Child Find or 504 meetings Not health screenings, immunizations or free care Referral is to current <u>Medicaid</u> provider (See Ad Match Coordinator for list) Refer student to verified Medicaid health care provider in the community Follow-up to ensure service was received Gathering info requested by a Medicaid provider Time spent coordinating health needs for a student by participating in meeting/discussion with other staff, health care professionals &/or parents to coordinate or review need for Medicaid services Providing parents with a list of Medicaid providers in order to make a specific appointment
1 – Outreach	
1A – General health education, wellness & prevention programs & Child Find activities	Inform individuals about eligibility for non-Medicaid social, vocational & ed programs (including special ed) Inform about wellness programs, healthy life-styles & practices Identify children with special medical needs through Child Find activities Provide general health &/or prevention education (dental, tobacco, alcohol, drug & violence)
1B – Inform about Medicaid, services available & encourage access	<i>Filters (conditions) to be met for this activity:</i> Medicaid related and directed toward school population (students & their parents/guardians) Describe benefits & availability of Medicaid & Healthy Options managed care services Contact pregnant teens about availability of Medicaid prenatal and well baby care programs and services Distribute literature about the benefits, eligibility requirements, & availability of Medicaid, including preventative services under EPSDT. Use MAA literature or obtain MAA approval before creating your own materials

Code	Activity
2 – Facilitating Applications	
2A – Facilitating application for non-Medicaid programs	<p>Inform about programs such as Temporary Assistance for Needy Families (TANF): Food stamps: Women, Infants & Children (WIC), day care, legal aid, IDEA & other social or educational programs</p> <p>Explain the eligibility application process for non-Medicaid programs</p> <p>Assist with application & re-application process for continuing eligibility including providing application forms and assisting in gathering necessary documentation</p>
2B – Facilitating Medicaid eligibility determination	<p><i>Filters (conditions) to be met for this activity:</i></p> <p>Use of Medicaid application-related materials</p> <p>Explain the Medicaid eligibility rules, application process and/or provide the application form</p> <p>Assist in gathering necessary documentation for the Medicaid application</p> <p>Referral to local Assistance office to make application for Medicaid benefits</p>
5 – Transportation	
5A – Transportation for non-Medicaid services	Schedule or arrange transportation to social, vocational &/or educational programs & activities
5B – Schedule or arrange transportation to Medicaid covered services	Arrange for transportation through the Medicaid transportation brokerage system or assist families with using the brokerage system
7 – Program Planning, Policy Development, Interagency Coordination	
7A – Program planning, policy development and interagency coordination for non-Medicaid needs & services	<p>Perform collaborative activities associated with developing strategies to improve the coordination & delivery of non-medical services, such as social, educational & vocational</p> <p>Analyzing non-Medicaid data related to a specific program, population or geographic area</p> <p>Working with other agencies to improve the coordination and delivery of non-Medicaid services</p>
7B – Program planning, policy development and interagency coordination for the delivery of Medicaid health services	<p><i>Filters (conditions) to be met for this activity:</i></p> <p>Collaborate with other agencies & health care professionals</p> <p>Responsibility for program planning and interagency coordination in the job description</p> <p>Analyze Medicaid data &/or evaluate the need for medical/dental/mental health services</p> <p>Increase Medicaid provider participation and improve provider relations</p> <p>Working with Medicaid agencies to improve coordination and delivery of services and identifying gaps or duplication of health services</p>
8 – Training	
8A – Training for non-Medicaid related services	<p>Training may include asthma monitoring & control, smoking cessation, conflict resolution, poverty, mental illness and treatment</p> <p>Curriculum improvement</p> <p>Professional development and training on instructional, emotional, social and behavioral needs of students</p> <p>Special education or 504 training</p>
8B – Training for Medicaid related services	<p><i>Filters (conditions) to be met for this activity:</i></p> <p>Related to Medicaid</p> <p>Training to learn what Medicaid services are available for children and how to apply for coverage</p> <p>Participating in or coordinating training that improves delivery of Medicaid related services, early identification and referral for special health services like EPSDT.</p>

ATTACHMENT 2:
DEFINITIONS OF SAMPLE UNIVERSE
ELIGIBLE STAFF, DESIGNATED STAFF, SCHOOL DAYS

Eligible Staff

Staff who are reported in the Office of Public Instruction (OSPI) Personnel Reporting S-275 under the above codes are potentially eligible to be participants in the Medicaid Administrative Match (MAM) Program. Each district will need to evaluate the staffs' assigned duties and activities within the categories below to determine which are likely to or appropriate to participate. **Only those staff that it is determined reasonable for them to participate in the MAM program should be included in the Participating Eligible Staff List provided by the district to MAA/MAM.**

Included Staff Charts

Program Codes*
01 – Basic Education
21 – State Special Education
31 – State Vocational Education
45 – State Skills Center
55 – State Learning Assist. Program
65 – State Transitional Bilingual
66 – State Student Achievement
74 – Highly Capable
79 – Instructional Programs

Activity Codes*
21 – Instructional Program Leadership
23 – Management and coordination
24 – Counseling and Guidance
26 – Health Related Services
27 – Teaching
28 – Extracurricular

The district coordinator must ensure that all participating eligible staff receive a time study form for each time study day. In larger districts the non-designated participating staff will be part of a random selection process and will receive time study forms only if selected. **All staff included on the Participating Eligible Staff List must be trained prior to participating.** Training requirements and contract information can be found in those sections of the Training Manual.

Staff reported in the S-275 or payroll in one or more of the codes listed below are not eligible to participate in the MAM program. These staff should not be included on the Participating Eligible Staff List provided to MAA/MAM.

Non-included Staff Chart

Program Codes*
21,24,26,29,38,39,46,51,52,53,54,56,57,61,64,67,68,69,71,73,76,77,78,81,86,88,89, 97,98,99,CP, SB

Activity Codes*
11,12,13,14,22,25,41,44,51,52,53,61,62,63,64, 65, 67, 72, 73, 74, 75, 91, CP, SB

*The above codes are from the OSPI Appendix A of the S-275 Personnel Reporting Instructions for School Year 2003-2004.

Designated Staff

Designated staff are those school district staff with primary Medicaid administrative responsibilities, including external coordination and linkage to the community; performing outreach to identify and inform Medicaid clients, assisting families with completing Medicaid applications, developing and planning methods to increase access to Medicaid services in coordination with other agencies and community partners.

School Days

RCW 28A.150.030 – School Day

A school day shall mean each day of the school year on which pupils enrolled in the common schools of a school district are engaged in educational activity planned by and under the direction of the school district staff, as directed by the administration and board of directors of the district.

Appendix A: Assignment Codes for School Districts and ESDs

I. <u>Program Codes for School Districts</u>	II. <u>Activity Codes for School Districts**</u>
Program <u>Code</u> <u>Program Title</u>	Activity <u>Code</u> <u>Activity Title</u>
01 Basic Education 21 Special Education—Supplemental—State 24 Special Education—Supplemental—Federal 26 Special Education—Institutions—State 29 Special Education—Other—Federal 31 Vocational—Basic—State 38 Vocational—Federal 39 Vocational—Other Categorical 45 Skills Center—Basic—State 46 Skills Center—Federal 51 Disadvantaged—Federal 52 School Improvement—Federal 53 Migrant—Federal 54 Reading First—Federal 55 Learning Assistance Program—State 56 State Institutions, Centers and Homes—Delinquent 57 Institutions—Neglected and Delinquent—Federal 58 Special and Pilot Programs—State 61 Head Start—Federal 64 Limited English Proficiency—Federal 65 Transitional Bilingual—State 66 Student Achievement—State 67 Indian Education—Federal—JOM 68 Indian Education—Federal—ED 69 Compensatory—Other 71 Traffic Safety 73 Summer School 74 Highly Capable 76 Targeted Assistance—Federal 77 Eisenhower Professional Development—Federal 78 Youth Training Programs—Federal 79 Instructional Programs—Other 81 Public Radio/Television 86 Community Schools 88 Day Care 89 Other Community Services 97 Districtwide Support 98 Food Services 99 Pupil Transportation CP Capital Projects Funds SB Associated Student Body	11 Board of Directors 12 Superintendent's Office 13 Business Office 14 Human Resources 21 Supervision (Instruction) - For assignments with districtwide leadership in instructional programs. May include assistant superintendents, supervisors, directors, coordinators, specialists, department chairpersons, and related secretarial and clerical assistants. May also include certain instructional employees. 22 Learning Resources - Includes audio-visual consultants, film inspectors, film librarians, projectionists, programmers, graphic artists, school librarians, script writers, camera operators, and related secretarial, clerical, and other assistants. 23 Principal's Office - For assignments in management and coordination of a school unit. Includes principals, assistant principals, vice principals, and related secretarial and clerical assistants. Also includes skills center directors and supervisors. 24 Guidance and Counseling 25 Pupil Management and Safety - Includes attendance officers, hall guards, playground aides, and pupil security personnel. May include lunchroom aides when controlling students. 26 Health/Related Services 27 Teaching - For assignments in a teacher-learning situation where the teacher is regularly in the presence of the pupils or in regular communication with pupils. 28 Extracurricular 41 Supervision (Food Services) 44 Operations (Food Services) 51 Supervision (Pupil Transportation) 52 Operations (Pupil Transportation) 53 Maintenance (Pupil Transportation) 61 Supervision (Maintenance and Operation) 62 Grounds Maintenance 63 Operation of Buildings 64 Maintenance 65 Utilities 67 Building and Property Security 72 Information Systems 73 Printing 74 Warehousing and Distribution 75 Motor Pool 91 Public Activities CP Capital Projects Funds SB Associated Student Body
	<p>**Partial information is shown here for clarification. Refer to the 2003–04 Accounting Manual for Public School Districts in the State of Washington for full details on each activity code.</p>

ATTACHMENT 3:
COMPUTERIZED SAMPLING PROCEDURES:
DAYS AND STAFF

Computerized Sampling Procedures: Days and Staff

Sampling Days

Days randomly selected for the time study need to be

1. In each of the five groups of days in a “quarter” (first stratum)
2. With each day selected being a different day of the week (second stratum).

Calculations and sampling are processed in the web based system

1. The school calendar is entered into the web system by the school district
2. The school calendar includes the start and end date for the school year
3. The school calendar includes the school days and non-school days for the calendar year
4. Quarters are determined by the system after the calendar is supplied

Computerized day sampling procedures: To obtain five random days in a quarter for a particular school district, the system interface does the following:

1. Edits the dates entered for reasonableness, like end after start, and all dates are valid, and year is 180 or more school days.
2. Divides the school year calendar, as entered by the school district, into roughly three equal quarters, using the 180+ “school days” as the universe.
3. Divides each quarter into five, roughly equal, sequential time periods. (If needed, remainders are accumulated during the calculations and a day is added to a time period as soon as the accumulated remainders exceed one.)
4. Selects one date out of the first group of dates *randomly* and designates it as a sample day. That day of the week is “flagged” as “taken.” From the second group of dates, *randomly* selects dates until the day of the week is not “taken” and designates it as a sample day. That day of the week is then “flagged” as “taken.” Continues on similarly for the third through fifth groups of dates until five dates, each on a different day of the week, are identified at random within the strata specified.
5. Stores the dates into the admatch database.
6. The school districts are notified by email and can retrieve the dates by logging into the web system and view/print the report.

Note on random numbers generator: Random numbers are generated using Microsoft’s *Rnd* function which produces random numbers uniformly across a specified range.

Sampling Staff

Staff randomly selected are taken from a pool of *eligible teacher and other support staff* provided electronically to DSHS by uploading or entering into the online web application.

For smaller school districts, the files will contain all *eligible* staff. All will be sampled after some standard monitoring checks are conducted.

For larger school districts, the system discriminates between two types of staff members:

1. *Eligible designated staff* – all will be sampled after some standard monitoring checks are conducted.
2. *Eligible teacher and other support staff* – this pool will be randomly sampled after some monitoring checks are conducted.

Computerized staff sampling procedures: The actual sample size is calculated from the total number in the pool, rounding up whenever the result is fractional (e.g., a sample size of 166.2 rounds up to 167). The stated proportion is one for every four (1 in 4).

Staff records (sitting in the worksheet as a row of data) are selected one-by-one as following until the same size is reached:

1. A staff person is randomly selected from all those in the pool. That record is removed from the pool and marked as “Staff Selected.”
2. The next record is now randomly selected from those remaining in the pool. That record is removed from the pool and marked as “Staff Selected.”
3. This process continues until there are enough records in the “Staff Selected” set to satisfy the sample size.
4. In the case where replacement staff are needed because sampled staff are no longer working in the school district, or other excusable instances, the system provides for staff replacements with established business rules.

ATTACHMENT 4:
DOCUMENTATION REQUIREMENTS

Documentation Requirements

All documentation supporting a claim must be maintained for six years.

The school district and the program must maintain a signed copy of the Interlocal Agreement and any amendments.

School districts need to document that all participating eligible staff received training.

The time study form is required to document time claimed for reimbursement. Districts must document that all participating eligible staff were given a time study form to complete for each of the selected days. In larger districts only the designated and randomly selected staff must receive the time study form for the selected days of the quarter.

If time is claimed for Medicaid reimbursable codes, the narrative section of the time study form must be completed. When time is claimed for a referral, the participant must document how they verified that the provider was a currently participating Medicaid provider.

The Medicaid Administrative Match automated system will maintain, for each quarter, electronic documentation of:

1. the calendar,
2. the list of participating eligible staff,
3. the list of selected staff for large districts,
4. the list of designated staff for large districts,
5. the A-19 back-up report,
6. the time study data per individual reported,
7. the operating expenses worksheet, and
8. the amount paid.

ATTACHMENT 5:
TRAINING PLAN
AND
TRAINING MANUAL TABLE OF CONTENTS
(see separate draft training manual)

Training Plan

The Medicaid Administrative Match (MAM) section of Medical Assistance Administration (MAA) will conduct necessary trainings for school district staff. It is the intent of MAA to collaborate with the Office of Public Instruction (OSPI) when possible. This will include the development of Ad Match training sessions to be incorporated in the Summer Institute Sessions conducted by the OSPI throughout the summer.

MAM will maintain an informational web site for the School Medicaid Administrative Match Program. The web site will provide a go-to resource for districts and others for current and updated training materials and information.

All participants in the MAM school program will be required to receive training on allowable activities and how to complete all necessary documentation, including the time study form. MAM staff will be available to train school staff on an as-needed basis when requested by schools or if a training concern is identified in the program monitoring process.

Draft Training Manual

Section 1: Program Overview

- Vision, Goals, and Objectives
- Program Overview
- Process Overview
- Interlocal Agreement

Section 2: Medicaid Basics

- Services
- Application Process

Section 3: Time Study Program

- Coordinator Responsibilities
- Program Checklist
- Automated System Updates
 - School year calendar
 - Participating eligible staff
- Time Study Process
- Time Study Form
- Quick Reference Guides
- Claim Calculations

Section 4: Allowable Activities

Section 5: Automated System User Guide

ATTACHMENT 6: MONITORING PLAN

Monitoring Plan

The Medicaid Administrative Match (MAM) section of Medical Assistance Administration (MAA) will annually conduct a risk assessment of the contracted school districts. Through the risk assessment process, MAM staff will identify a portion of the contracted districts to receive selective monitoring reviews. The degree and type of monitoring review will be based upon the results of the risk assessment.


Selective reviews may include some or all of the following:

- verification of participant training and training materials,
- verification that all participating staff were given time study forms for each selected day,
- verification that time study forms were accurately completed and time lines were met, and
- a review of amounts of time claimed for Medicaid related activities.

The MAM automated system reports will be used to review quarterly claims.

Any issues identified will be addressed with the district's coordinator. As needed, the district will be requested to submit a corrective action plan should issues be unresolved or warrant more than technical assistance. MAM staff will follow up on corrective action plans. Continued non-compliance may result in MAM requesting a DSHS audit team be sent to review the contractor's records.

ATTACHMENT 7:
DSHS CONTRACTS WITH SCHOOL DISTRICTS

	<h2>INTERLOCAL AGREEMENT</h2>		DSHS AGREEMENT #:	
This Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued pursuant to the Interlocal Cooperation Act, chapter 39.34 RCW.			Program - Agreement Number	
			Contractor - Agreement Number	
CONTRACTOR NAME		CONTRACTOR DBA		
CONTRACTOR ADDRESS		CONTRACTOR UNIFORM BUSINESS IDENTIFIER (UBI) NUMBER		CONTRACTOR DSHS INDEX NUMBER
CONTRACTOR CONTACT	CONTRACTOR CONTACT TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS	
DSHS ADMINISTRATION		DSHS DIVISION		DSHS CONTRACT CODE
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS		
DSHS CONTACT TELEPHONE		DSHS CONTACT FAX		DSHS CONTACT E-MAIL ADDRESS
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS AGREEMENT?			CFDA NUMBERS	
AGREEMENT START DATE		AGREEMENT END DATE		MAXIMUM AGREEMENT AMOUNT
<p>EXHIBITS. The following Exhibits are attached and incorporated into this Agreement by reference:</p> <p><input checked="" type="checkbox"/> Exhibit(s) (specify): Exhibit A- Time Study Instructions, Exhibit B-Quick Reference Guide, Exhibit C-Time Study Form, Exhibit D-Participating Eligible Staff, and Exhibit E-Operating Expense Instructions</p> <p><input type="checkbox"/> No Exhibit(s).</p>				
<p>The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise regarding the subject matter of this Agreement, between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on DSHS only upon signature by DSHS.</p>				
CONTRACTOR SIGNATURE		PRINTED NAME AND TITLE		DATE SIGNED
DSHS SIGNATURE		PRINTED NAME AND TITLE		DATE SIGNED

SPECIAL TERMS AND CONDITIONS

1. Definitions

“Agreement” means this Interlocal Agreement, including all documents attached or incorporated by reference.

“A-19 Invoice Voucher” means the State of Washington Invoice Voucher A19-1A; and is attached and incorporated by reference as the invoicing document to be used per this Agreement.

“CMS” or “Centers for Medicare & Medicaid Services” means the U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services.

“Collateral activity” means those activities that instrumental to or part of the direct services.

“Contracting Officer” means the Contracts Administrator, or successor, of Central Contract Services or successor section or Office.

“Contractor” means the entity performing services pursuant to this Interlocal Agreement and includes the Contractor’s officers, directors, trustees, employees and/or agents unless otherwise stated in this Interlocal Agreement. For purposes of this Interlocal Agreement, the Contractor shall not be considered an employee or agent of DSHS.

“Currently Participating Medicaid Provider” means a provider of a Medicaid covered service that has a current Provider Agreement with Medical Assistance Administration; and is currently accepting Medicaid clients.

“DSHS” or “the department” or “the Department” means the State of Washington Department of Social and Health Services and its employees and authorized agents.

“Educational Service District (ESD)” means one of nine public subdivisions providing an administrative and supportive link between the State Board of Education, Office of Superintendent of Public Instruction and certain public school districts.

“Eligible Staff/Participant” means those staff determined to be in compliance with regulations, meet the guidelines necessary in order to claim staff time costs for conducting Ad Match activities, and meet the criteria stated in the Manual.

“Federal Financial Participation – FFP” refers to the federal portion of the total allowable costs of providing services.

“Indirect Costs” means those operating expenses that are attributed to and allocated across more than one program.

“MAA Program Manager” means the DSHS Contact person named on page 1 of this agreement, or successor.

“MAM” means the Medicaid Administrative Match section of Medical Assistance Administration Division of Program Support, a division of the Washington State Department of Social and Health Services.

“Manual” means the Medicaid Administrative Match Manual for Outreach and Linkage, or its successor, and up-dates including additions, changes and/or deletions issued by Medical Assistance Administration’s Medicaid Administrative Match Section. Incorporated by reference to this contract.

“Medicaid” means a joint federal-state program that offers provisions for covered medical services and for costs of administration of related activities.

“MER - Medicaid Eligibility Rate” means the proportional share of Medicaid individuals to the total number of individuals in the target population.

“Operating expenses” means those costs incurred performing business activities required to operate the MAM program that would not be considered as a normal requirement of any business activity, daily routines or job responsibilities.

“OSPI” means the Office of the Superintendent of Public Instruction, the Washington State Education Department.

“Percentage Medicaid Eligible” or “% Medicaid Eligible” means the percentage determined by dividing the number of individuals enrolled in Medicaid by the total number of individuals in the target population.

“Personal Information” means information identifiable to any person, including, but not limited to, information that relates to a person’s name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.

“Reasonable charges” means costs claimed, charged, or allocated to a program based on the relative benefits received and that individuals charging such costs acted with prudence in considering their responsibilities to the governmental unit, its employees, the public at large and the Federal Government.

“Referral” means a connection made between an individual within the target population and a current Medicaid provider for a needed Medicaid service.

“Related activities” means those activities that are instrumental or a part of the direct service.

“State fiscal year, “ means the calendar year beginning July 1st and ending June 30th.

“Target population” means district school children and their family.

“The Guide” refers to the Medicaid School-Based Administrative Claiming Guide issued May 2003, produced by CMS, and any supplements, amendments or successor. Incorporated herein by reference to this Agreement.

“Time Study program activities” means those activities as outlined in the manual and Exhibit A Quick Reference Guide, and captured through the time study by use of codes.

2. Purpose.

The purpose of this agreement is to provide Medicaid Outreach to school children and their families. Additionally, this agreement will facilitate intergovernmental entities’ reimbursement for a portion of the staff costs and expenses incurred performing Medicaid outreach related administrative activities that are congruent with and supportive of the goals and objectives of Washington State's Medicaid Plan.

Mission of Medical Assistance Administration (MAA): To provide access to quality health care for Washington's most vulnerable residents. To enhance the quality of, access to, and satisfaction with health services provided to MAA clients.

3. Statement of Work.

- a. The Contractor shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work outlined in the School Medicaid Administrative Match Manual for Outreach and Linkage herein after referred to as Manual. The Contractor shall:

(1) Compliance and incorporation of regulations

- (a) Comply with and have knowledge of federal regulations, including but not limited to:
- Code of Federal Regulation (CFR) Title 42 and 45,
 - Office of Management and Budget (OMB) Circular A-87 Cost Principles, and
 - Center for Medicaid and Medicare (CMS) Guide dated May 2003. The CMS Guide May 2003 and its successors, as amended or replaced, is incorporated by reference to this agreement, and can be accessed at:
<http://www.cms.hhs.gov/medicaid/schools/macguide.pdf>.
- (b) Comply with and have knowledge of:
- Revised Code of Washington (RCW),
 - Washington Administrative Code (WAC),
 - The Manual. The Manual and its successors, as amended or replaced, is incorporated by reference to this agreement, and can be accessed at: <http://maa.dshs.wa.gov>

(2) Compliance with Principles of Administrative Match Claiming

- (a) Claim only activities that are necessary and directly support the administration of Washington State Medicaid Plan.
- (b) Track the actual work activities performed for staff participating and sampled in the time study in the five sampled days each quarter, per instructions outlined in Exhibit A - Time Study Instructions and Exhibit C - Time Study Form.
- (c) Not claim activities that are performed free of charge or are normal job responsibility.
- (d) Not claim activities that are normally covered by other means, such as collateral or related activities.
- (e) Not claim activities which are normally performed to the same individuals under another program.

(3) Coordinator and contact persons

- (a) Appoint a staff person to be the MAM Coordinator and to act as liaison and point of contact for MAA and Contractor for the MAM program.
- (b) Send the MAA Program Manager for this agreement, the names, phone numbers, and email addresses of the Coordinator, the fiscal contact person, and other contacts within 10 working days of signing this agreement.
- (c) Specify in the written notice the role and responsibility delegated to other persons or entities, such as billing agents.

(4) Activities

- (a) Perform Medicaid outreach and facilitation activities for school children and families, as outlined in Exhibit B – Quick Reference Guide and the Manual.

- (b) Abide by all limitations, restrictions, and documentation requirements of such activities as specified in the manual and time study methodology for this agreement, and Exhibit C – Time Study Form.
- (c) Ensure all referrals, for which reimbursement is claimed under this agreement are to currently participating Medicaid provider(s).

(5) Medicaid Eligibility Rate:

- (a) Apply the quarterly MER post by MAM in the automated system when claiming for reimbursement.
- (b) Comply with the requirements of establishing the MER, as stated in the manual, including timely and accurately updating of the Core Student Records System (CSRS).

(6) Eligible Staff:

- (a) Input the list of participating eligible staff into the MAM automated system by August 1st.
- (b) Verify staff list and contract information in the MAM automated system quarterly at least 12 working days prior to the start of the quarter.
- (c) Only input to the list of participating eligible staff those staff who meet the definitions of participating eligible staff as stated in Exhibit D – School Medicaid Administrative Match Staff Eligibility.

(7) Training:

- (a) Ensure that all staff participating in the Medicaid Administrative Match Time Study Program has received training, prior to participating in the time study. Training shall include but not be limited to the following Manual sections:
 - Allowable Activities,
 - Medicaid Eligibility,
 - The Time Study.
- (b) Ensure persons preparing, reviewing or approving the claim will be knowledgeable regarding the sections of the Manual pertaining to this agreement , in particular:
 - Allowable activities,
 - Eligible staff,
 - The time study methodology for this agreement.

(8) Time Study:

- (a) Conduct the Time Study Program for this agreement, as stated in the MAM manual and Exhibit A – Time Study Instructions, including but not limited to:
 - Distribute the Time Study Form (Exhibit C) to all participating staff for each time study day selected.
 - Distribute the Time Study Form no more than 5 working days prior to the selected time study day.
 - Ensure staff's supervisor signs and dates the Time Study Form no more than 5 working days after the time study day.
- (b) Abide by any revisions to the Time Study Program requirements.
- (c) Comply with inputting and updating requirements of the MAM automated system.

(9) Documentation and forms:

- (a) Document that all referrals for which reimbursement was claimed were to a currently participating Medicaid provider.
- (b) Use forms and systems as required by the Time Study Program approved for this agreement, including but not limited to the Exhibit C Time Study Form and the MAM automated system.
- (c) Use the current A-19 Invoice Voucher as produced by the MAM automated system.
- (d) Provide or maintain the supporting documents for claiming as required in the manual.
- (e) Submit copies of documents as requested by MAA.

(10) Compensation and Reimbursement of Federal Financial Participation (FFP)

- (a) Claim operating expenses at actual costs per the manual and Exhibit D – Operating Instructions
- (b) Use the OSPI approved indirect rate for the school year.
- (c) Ensure that funds used as match meet federal regulations regarding match.
- (d) Ensure all claims are reviewed, approved, and signed by Contractor's authorized staff; in accordance with section (3).

(11) Overpayment

Accept responsibility for payment of any disallowances and/or penalties identified by MAA or any audits, and fully cooperate in the recovery of funds.

(12) Consultants/Billing Agents

- (a) Use contracted consultants or billing agents at the sole discretion of the Contractor.
- (b) Assume all responsibility for work performed by the Contractor's consultants or billing agents.
- (c) Notify, in writing, the MAA Program Manager regarding the role of Contractor's consultant
- (d) Ensure that consultants and/or billing agents shall not be paid contingent upon, or as percentage of, the claim or reimbursement amount.

b. MAA shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

(1) Update the manual as needed.

- (a) Send e-mail notice of Manual updates pertaining to this contract to the Coordinator at the email address provided by the Contractor per a (3) (b) above.
- (b) Post manual changes to the MAM web page.
- (c) Maintain a tracking list of revisions to the manual by date and section title and post the list to the webpage.

(2) Send e-mail to the Coordinator of any change to the MAA Program Manager or point of contact for program or fiscal matters pertaining to this agreement.

(3) Facilitate the calculation of the MER.

(4) Charge the Contractor an administrative fee to cover program administration.

4. Consideration. Total consideration payable to Contractor for satisfactory performance of the work under this Agreement is a maximum of \$_____, including any and all expenses, and shall be based on the following:

- a. The Federal Financial Participation (FFP) is a 50% reimbursement rate.
- b. Indirect costs shall be at the OSPI approved indirect rate for the Contractor.

5. Billing and Payment.

- a. **Billing.** The Contractor shall submit invoices using State Form A-19 Invoice Voucher, as generated by the MAM automated system. Consideration for services rendered shall be payable upon receipt and acceptance of properly completed invoices which shall be submitted to DSHS by the Contractor quarterly. The invoices shall describe and document to DSHS' satisfaction, the work performed, activities accomplished, the progress of the project, and fees.
- b. **Payment.** Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by DSHS of the properly completed invoices. Payment shall be sent to the address designated by the Contractor for fiscal contact, as submitted to the Agency Financial Records System (AFRS). DSHS may, at its sole discretion, withhold payment claimed by the Contractor for services rendered if Contractor fails to satisfactorily comply with any term or condition of this Agreement.

6. Insurance. For purposes of this Agreement:

- a. DSHS certifies that it is self-insured under the State's self-insurance liability program, as provided by RCW 4.92.130, and shall pay for losses for which it is found liable.
- b. The Contractor certifies that the Contractor is self-insured or insured through a risk pool and shall pay for losses for which it is found liable; as evidenced by submission of a current certificate of insurance.

GENERAL TERMS AND CONDITIONS

1. **Amendment.** This Agreement may only be modified by a written amendment signed by both parties. Only personnel authorized to bind each of the parties may sign an amendment.
2. **Assignment.** The Contractor shall not assign this Agreement, its rights or obligations hereunder, without obtaining the prior written consent of DSHS. DSHS shall not recognize any assignment without such prior written consent. In the event that consent is given and this Agreement is assigned, all terms and conditions of this Agreement shall be binding upon the Contractor's successors and assigns.
3. **Compliance with Applicable Law.** At all times during the term of this Agreement, the Contractor shall comply with all applicable federal, state, and local laws and regulations, including but not limited to, nondiscrimination laws and regulations.
4. **Confidentiality.** The Contractor may use Personal Information and other information gained by reason of this Agreement only for the purpose of this Agreement. The Contractor shall not disclose, transfer, or sell any such information to any party, except as provided by law or, in the case of Personal Information, with the prior written consent of the person to whom the Personal Information pertains. The Contractor shall maintain the confidentiality of all Personal Information and other information gained by reason of this Agreement, and shall return or certify the destruction of such information if requested in writing by DSHS.
5. **Debarment Certification.** The Contractor, by signature to this contract certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this Agreement or any Program Agreement by any Federal department or agency. The Contractor also agrees to include the above requirement into any subcontracts entered into, resulting directly from the Contractor's duty to provide services under this Contract.
6. **Disputes.** Disputes shall be determined by a Dispute Board. Each party to this Agreement shall appoint one member to the Dispute Board. The members so appointed shall jointly appoint an additional member to the Dispute Board. The Dispute Board shall review the facts, Agreement terms, and applicable statutes and rules and make a determination of the dispute. As an alternative to this process, either party may request intervention by the Governor, as provided by RCW 43.17.330, in which event the Governor's process shall control. Participation in either dispute process shall precede any judicial or quasi-judicial action and shall be the final administrative remedy available to the parties.
7. **Governing Law and Venue.** The laws of the state of Washington shall govern this Agreement. In the event of any action brought hereunder, venue shall be proper only in Thurston County, Washington.
8. **Hold Harmless.**
 - a. The Contractor shall be responsible for and shall hold DSHS harmless from all claims, loss, liability, damages, or fines arising out of or relating to the Contractor's, or any Subcontractor's, performance or failure to perform this Agreement, or the acts or omissions of the Contractor or any Subcontractor. DSHS shall be responsible for and shall hold the Contractor harmless from all claims, loss, liability, damages, or fines arising out of or relating to DSHS' performance or failure to perform this Agreement.
 - b. The Contractor waives its immunity under Title 51 RCW to the extent it is required to indemnify, defend, and hold harmless the State and its agencies, officials, agents, or employees.
9. **Maintenance of Records.** During the term of this Agreement and for six (6) years following termination or expiration of this Agreement, the Contractor shall maintain, and provide DSHS with reasonable access to, its records sufficient to:

- a. Document performance of all acts required by law, regulation, or this Agreement;
 - b. Substantiate the Contractor's statement of its organization's structure, tax status, capabilities, and performance; and
 - c. Demonstrate accounting procedures, practices, and records which sufficiently and properly document the Contractor's invoices to DSHS and all expenditures made by the Contractor to perform as required by this Agreement.
- 10. Order of Precedence.** In the event of an inconsistency in this Agreement, the inconsistency shall be resolved by giving precedence in the following order:
- a. Applicable federal and state of Washington statutes and regulations;
 - b. Special Terms and Conditions contained in this Agreement;
 - c. General Terms and Conditions contained in this Agreement;
 - d. Exhibits or other documents incorporated by reference.
- 11. Ownership of Material.** Material created by the Contractor and paid for by DSHS as a part of this Interlocal Agreement shall be owned by DSHS and shall be "works for hire" as defined by the U.S. Copyright Act of 1976. This material includes, but is not limited to: books; computer programs; documents; films; pamphlets; reports; sound reproductions; studies; surveys; tapes; and/or training materials. Material which the Contractor uses to perform this Interlocal Agreement but which is not created for or paid for by DSHS is owned by the Contractor; however, DSHS shall have a perpetual license to use this material for DSHS internal purposes at no charge to DSHS.
- 12. Severability.** If any term or condition of this Agreement is held invalid by any court, such invalidity shall not affect the validity of the other terms or conditions of this Agreement.
- 13. Subcontracting.** Except as otherwise provided in this Agreement, the Contractor shall not subcontract any of the contracted services without the prior approval of DSHS as specified in a written amendment to this Agreement. Contractor is responsible to ensure that all terms, conditions, assurances and certifications set forth in this Agreement are included in any and all Subcontracts. Any failure of Contractor or its Subcontractors to perform the obligations of this Agreement shall not discharge the Contractor from its obligations hereunder or diminish DSHS' rights or remedies available under this Agreement.
- 14. Subrecipients.**
- a. General. If the Contractor is a subrecipient of federal awards as defined by Office of Management and Budget (OMB) Circular A-133 and this Agreement, the Contractor shall:
 - (1) Maintain records that identify, in its accounts, all federal awards received and expended and the federal programs under which they were received, by Catalog of Federal Domestic Assistance (CFDA) title and number, award number and year, name of the federal agency, and name of the pass-through entity;
 - (2) Maintain internal controls that provide reasonable assurance that the Contractor is managing federal awards in compliance with laws, regulations, and provisions of contracts or grant agreements that could have a material effect on each of its federal programs;
 - (3) Prepare appropriate financial statements, including a schedule of expenditures of federal awards;

- (4) Incorporate OMB Circular A-133 audit requirements into all agreements between the Contractor and its Subcontractors who are subrecipients;
 - (5) Comply with any future amendments to OMB Circular A-133 and any successor or replacement Circular or regulation;
 - (6) Comply with the applicable requirements of OMB Circular A-87 and any future amendments to OMB Circular A-87, and any successor or replacement Circular or regulation; and
 - (7) Comply with the Omnibus Crime Control and Safe streets Act of 1968, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, Title IX of the Education Amendments of 1972, The Age Discrimination Act of 1975, and The Department of Justice Non-Discrimination Regulations, 28 C.F.R. Part 42, Subparts C.D.E. and G, and 28 C.F.R. Part 35 and 39. (Go to www.ojp.usdoj.gov/ocr for additional information and access to the aforementioned Federal laws and regulations.)
- b. Single Audit Act Compliance. If the Contractor is a subrecipient and expends \$500,000 or more in federal awards from any and/or all sources in any fiscal year, the Contractor shall procure and pay for a single audit or a program-specific audit for that fiscal year. Upon completion of each audit, the Contractor shall:
- (1) Submit to the DSHS contact person the data collection form and reporting package specified in OMB Circular A-133, reports required by the program-specific audit guide (if applicable), and a copy of any management letters issued by the auditor;
 - (2) Follow-up and develop corrective action for all audit findings; in accordance with OMB Circular A-133, prepare a "Summary Schedule of Prior Audit Findings."
- c. Overpayments. If it is determined by DSHS, or during the course of a required audit, that the Contractor has been paid unallowable costs under this or any Program Agreement, DSHS may require the Contractor to reimburse DSHS in accordance with OMB Circular A-87.

15. Termination.

- a. Change in Funding. If the funds DSHS relied upon to establish this Interlocal Agreement are withdrawn, reduced or limited, or if additional or modified conditions are placed on such funding, DSHS may immediately terminate this Interlocal Agreement by providing written notice to the Contractor. The termination shall be effective on the date specified in the notice of termination.
- b. Default. If for any cause, either party fails to fulfill its obligations under this Agreement in a timely and proper manner, or if either party violates any of the terms and conditions contained in this Agreement, then the aggrieved party will give the other party written notice of such failure or violation. The responsible party will be given 15 working days to correct the violation or failure. If the failure or violation is not corrected, this Agreement may be terminated immediately by written notice from the aggrieved party to the other party.
- c. Convenience. Either party may terminate this Interlocal Agreement for any other reason by providing 30 calendar days' written notice to the other party.
- d. Payment for Performance. If this Interlocal Agreement is terminated for any reason, DSHS shall only pay for performance rendered or costs incurred in accordance with the terms of this Agreement and prior to the effective date of termination.

- 16. Treatment of Client Property.** Unless otherwise provided, the Contractor shall ensure that any adult client receiving services from the Contractor has unrestricted access to the client's personal property. The Contractor shall not interfere with any adult client's ownership, possession, or use of the client's property. The Contractor shall provide clients under age eighteen (18) with reasonable access to their personal

property that is appropriate to the client's age, development, and needs. Upon termination of the Contract, the Contractor shall immediately release to the client and/or the client's guardian or custodian all of the client's personal property.

- 17. Waiver.** Waiver of any breach or default on any occasion shall not be deemed to be a waiver of any subsequent breach or default. Any waiver shall not be construed to be a modification of the terms and conditions of this Agreement unless amended as set forth in Section 1, Amendment, of the General Terms and Conditions. Only the Contracts Administrator or designee has the authority to waive any term or condition of this Agreement on behalf of DSHS.

APPROVED AS TO FORM BY THE OFFICE OF THE ATTORNEY GENERAL

Medicaid Administrative Match Schools Time Study Instructions

School districts having less than 150 staff will distribute time study forms to each staff listed in the MAM automated system for each time study day.

School districts having 150 or more staff will conduct the time study by two methods. Staff meeting the definition of designated staff and marked in the MAM automated system as designated should receive a time study form for each time study day. Staff entered into the MAM automated system, and not marked as designated, shall be part of a random selection process. Currently, one out of four of these non-designated staff will be randomly selected to participate in the time study.

MAM will run a random selection of participating eligible staff each quarter. The list of selected staff will be provided to the coordinator, ten working days before the start of the quarter. Staff selected through the random sample should receive a time study form for each time study day.

Time study forms can be distributed to staff no more than five working days prior to the date of the time study day (each of the five randomly sampled days for each school district, each quarter). Time study forms must be signed and verified by the staff's supervisor no more than five working days after the time study day.

Staff must complete the form for 100% of the activities conducted during the time study day. **Staff should not change their normal activities.** This means that staff should conduct their normal routine as scheduled regardless of the time study day. Staff should respond to events as they would any other day.

Exhibit B – Page 1 of 2	Quick Reference Guide
Code	Activity
3 – Educational & School-Related Activities	Regular assigned duties Prepare & provide classroom &/or individual instruction Social and educational service activities, Carry out discipline Evaluate curriculum, policies or instruction Develop & monitor IEP goals Supervise students outside of the classroom Monitor immunization compliance
4 – Direct Medical Services Provide care, treatment & counseling services	Physical, mental health or developmental assessments & diagnostic testing Assisting with personal care or special procedures or performing clinical services Health/ mental health services identified in an IEP Speech, occupational &/or physical therapies Routine or mandated health screenings Administering first aid, prescribed injections, immunizations or medications
10 – System Support or Personal Time	Lunch, breaks, vacation, & sick leave
9A – Referrals for non-Medicaid services	Referrals to social, educational, vocational services & special education Internal referrals including referrals to other staff for injuries, suspected substance abuse, discipline, medical needs, scholastic concerns, assessment for 504 or Special Ed services Gathering info in advance of non-Medicaid related referrals Participating in a meeting/discussion to coordinate/review a student's need for non-Medicaid related services
9B – Referrals for Medicaid services (medical, dental, mental health, substance abuse & family planning)	Filters (Conditions) to be met for this activity: Not direct medical care, Child Find or 504 meetings Not health screenings, immunizations or free care Referral is to current <u>Medicaid</u> provider (See Ad Match Coordinator for list) Refer student to verified Medicaid health care provider in the community Follow-up to ensure service was received Gathering info requested by a Medicaid provider Time spent coordinating health needs for a student by participating in meeting/discussion with other staff, health care professionals &/or parents to coordinate or review need for Medicaid services Providing parents with a list of Medicaid providers in order to make a specific appointment
1A – General health education, wellness & prevention programs & Child Find activities	Inform individuals about eligibility for non-Medicaid social, vocational & ed programs (including special ed) Inform about wellness programs, healthy life-styles & practices Identify children with special medical needs through Child Find activities Provide general health &/or prevention education (dental, tobacco, alcohol, drug & violence)
1B – Inform about Medicaid, services available & encourage access	Filters (conditions) to be met for this activity: Medicaid related and directed toward school population (students & their parents/guardians) Describe benefits & availability of Medicaid & Healthy Options managed care services Contact pregnant teens about availability of Medicaid prenatal and well baby care programs and services Distribute literature about the benefits, eligibility requirements, & availability of Medicaid, including preventative services under EPSDT. Use MAA literature or obtain MAA approval before creating your own materials

Exhibit B Page 2 of 2	Quick Reference Guide
Code	Activity
2A – Facilitating application for non-Medicaid programs	Inform about programs such as Temporary Assistance for Needy Families (TANF): Food stamps: Women, Infants & Children (WIC), day care, legal aid, IDEA & other social or educational programs Explain the eligibility application process for non-Medicaid programs Assist with application & re-application process for continuing eligibility including providing application forms and assisting in gathering necessary documentation
2B – Facilitating Medicaid eligibility determination	Filters (conditions) to be met for this activity: Use of Medicaid application-related materials Explain the Medicaid eligibility rules, application process and/or provide the application form Assist in gathering necessary documentation for the Medicaid application Referral to local Assistance office to make application for Medicaid benefits
5A – Transportation for non-Medicaid services	Schedule or arrange transportation to social, vocational &/or educational programs & activities
5B – Schedule or arrange transportation to Medicaid covered services	Arrange for transportation through the Medicaid transportation brokerage system or assist families with using the brokerage system
7A – Program planning, policy development and interagency coordination for non-Medicaid needs & services	Perform collaborative activities associated with developing strategies to improve the coordination & delivery of non-medical services, such as social, educational & vocational Analyzing non-Medicaid data related to a specific program, population or geographic area Working with other agencies to improve the coordination and delivery of non-Medicaid services
7B – Program planning, policy development and interagency coordination for the delivery of Medicaid health services	Filters (conditions) to be met for this activity: Collaborate with other agencies & health care professionals Responsibility for program planning and interagency coordination in the job description Analyze Medicaid data &/or evaluate the need for medical/dental/mental health services Increase Medicaid provider participation and improve provider relations Working with Medicaid agencies to improve coordination and delivery of services and identifying gaps or duplication of health services
8A – Training for non-Medicaid related services	Training may include asthma monitoring & control, smoking cessation, conflict resolution, poverty, mental illness and treatment Curriculum improvement Professional development and training on instructional, emotional, social and behavioral needs of students Special education or 504 training
8B – Training for Medicaid related services	Filters (conditions) to be met for this activity: Related to Medicaid Training to learn what Medicaid services are available for children and how to apply for coverage Participating in or coordinating training that improves delivery of Medicaid related services, early identification and referral for special health services like EPSDT.

SCHOOL ADMINISTRATIVE MATCH
TIME STUDY FORM INSTRUCTIONS (Revised June, 2004)

DIRECTIONS FOR THE COORDINATOR:

Distribute this form and the Quick Reference Guide to all participants. Make sure all participants have access to a current Medicaid Provider list. At the beginning of each quarter, five random time study days will be identified by MAA and posted on the automated system. The coordinator must access the system in order to obtain the selected days. In preparation for each time study day, notify all participating school staff and distribute the time study and related form no more than five days in advance. It is required that all time study forms be signed and collected within five working days of the time study day.

DIRECTIONS FOR SUPERVISORS:

Participants may be informed of the time study day no more than five days in advance. Distribute the time study and related forms. In order to participate, staff must be trained on allowable activities and how to complete the Time Study form. Within five working days of each TS day, review and verify by your signature the completed time study forms. Please confirm with the participant that any changes made to the Time Study form are appropriate.

DIRECTIONS FOR TIME STUDY PARTICIPANTS:

Only complete the time study for the randomly selected day indicated. Do not change your normally scheduled activities. This is important to the accuracy and validity of the time study. The left hand side of the form lists activity codes and a brief description of the types of activities under each code. For your time spent in Codes 3, 4 and/or 10, only fill in the bubbles to the right for time spent for those activities. For activities performed in all other codes, you may use the Tick Mark column. Each tick mark represents a 15-minute increment of time. A brief narrative describing the activity is required for all "b" codes. At the end of the day, total up the tick marks and complete the bubbles on the right. Next, total the hours tracked from the bubbles. Account for all time worked, which can not be less than your contracted hours. After completing the time study form, sign and date the certification and promptly return the form to your supervisor.

SAMPLE OF COMPLETED FORM:

	<u>Tick marks 15 min</u>	<u>Narrative description</u>	<u>Total Hours & Minutes</u>
Code 3: EDUCATIONAL SCHOOL-RELATED ACTIVITIES			1 2 3 4 5 6 7 8 15 30 45
Code 2: FACILITATING APPLICATIONS			0 0 0 0 X 0 0 0 0 0 X
Code 5: FACILITATING TRANSPORTATION		Assisted parent in filling out Medicaid app	X 0 0 0 0 0 0 0 0 X 0 0
Code 7: PROGRAM PLANNING, POLICY DEVELOPMENT	IIII I	Called trans broker	0 0 0 0 0 0 0 0 0 0 X 0
	II		0 0 0 0 0 0 0 0 0 0 0 0
Total Paid time worked this day: 7 hrs. 30 min. Total hours tracked this day: 7 hrs. 30 min. TIME TOTALS ABOVE MUST MATCH			

The remaining space is available for any additional activity documentation, if needed.

SCHOOL ADMINISTRATIVE MATCH TIME STUDY

Staff Name (print): _____ Job Title: _____ Date of time study (mm/dd/yy): _____

School District _____ School Building: _____

This time study represents the activities that I performed during the "Date of time study" above. I did not alter my normal routine for the time study or use any other form to track my time for purposes of claiming administrative match funds. Staff signature: _____ Date: _____

I reviewed this time study and it is complete and in compliance with Medicaid Administrative Match program guidelines.
Supervisor's signature: _____ Date: _____

66

			Total Hours & Minutes											
			1	2	3	4	5	6	7	8	15	30	45	
Code 3 - EDUCATIONAL SCHOOL-RELATED & ACTIVITIES - Regular assigned duties, teaching, extra-curricular activities, IEP development, coordinating/monitoring IEPs, discipline, evaluating curriculum or instruction, career guidance, & general supervision of students			0	0	0	0	0	0	0	0	0	0	0	
Code 4 - DIRECT MEDICAL SERVICES – Provision of care, treatment/patient follow-up &/or counseling services, & the related administrative/clerical activities, & staff related travel			0	0	0	0	0	0	0	0	0	0	0	
Code 10 - SYSTEM SUPPORT OR PERSONAL TIME - Breaks, lunch, annual leave, and sick leave.			0	0	0	0	0	0	0	0	0	0	0	
REFERRAL, COORDINATION & MONITORING	Tick Marks 15-Min Each	Provide a brief narrative description												
Code 9a – Referrals for non-medical services or state education agency mandated child health screens, (Free Care), (e.g. vision, hearing, scoliosis) services			0	0	0	0	0	0	0	0	0	0	0	
Code 9b – Referrals for medical, dental, mental health, substance abuse, & family planning services MUST BE REFERRAL TO MEDICAID PROVIDER.			0	0	0	0	0	0	0	0	0	0	0	
OUTREACH														
Code 1a – Inform potential eligible individuals about General health education, wellness & prevention programs, IDEA & child find activities			0	0	0	0	0	0	0	0	0	0	0	
Code 1b – Inform potential eligibles about Medicaid & Medicaid managed care & encourage access			0	0	0	0	0	0	0	0	0	0	0	
FACILITATING APPLICATIONS														
Code 2a - Explain eligibility process & how to apply for programs like IDEA, TANF, & reduced lunches			0	0	0	0	0	0	0	0	0	0	0	
Code 2b – Explain & assist students/families with Medicaid application process; verify current status			0	0	0	0	0	0	0	0	0	0	0	
TRANSPORTATION														
Code 5a - Scheduling or arranging transportation not in support of Medicaid covered services (e.g. social, vocational, &/or educational programs or activities			0	0	0	0	0	0	0	0	0	0	0	
Code 5b - Scheduling or arranging transportation to Medicaid covered services			0	0	0	0	0	0	0	0	0	0	0	
PROGRAM PLANNING, POLICY DEVELOPMENT & INTERAGENCY COORDINATION														
Code 7a - Improving coordination/delivery/planning for non-medical services (e.g. social, vocational, state mandated child health) screening, policy development, for school aged children			0	0	0	0	0	0	0	0	0	0	0	
Code 7b - Improving coordination/delivery/planning of medical/dental/mental health services to children			0	0	0	0	0	0	0	0	0	0	0	
TRAINING (PARTICIPATION IN OR COORDINATION)														
Code 8a - Improving delivery & referral to non-Medicaid services like IDEA/Child Find activities/programs			0	0	0	0	0	0	0	0	0	0	0	
Code 8b - Improving delivery & referral to Medicaid related services, early identification & referral for special health services like EPSDT.			0	0	0	0	0	0	0	0	0	0	0	
Total paid time worked this day:	Total hours tracked this day:													

TIME TOTALS ABOVE MUST MATCH

6-07-04

Exhibit D – Participating Eligible Staff

School Medicaid Administrative Match Staff Eligibility

Included Staff Charts

Program Codes*
01 – Basic Education
21 – State Special Education
31 – State Vocational Education
45 – State Skills Center
55 – State Learning Assist. Program
65 – State Transitional Bilingual
66 – State Student Achievement
74 – Highly Capable
79 - Instructional Programs

Activity Codes*
21 – Instructional Program Leadership
23 – Management and coordination
24 – Counseling and Guidance
26 – Health Related Services
27 - Teaching
28 - Extracurricular

Staff who are reported in the S275 under the above codes are potentially eligible to be participants in the time study. Evaluate the staff's assigned duties and activities within the above categories to determine which are likely to or appropriate to participate. **Only those staff that are going to participate in the time study should be input into the “staff and security” section of the automated system.**

The staff listed in the “staff and security” section of the automated system **MUST** receive a time study form for each time study day. The only exceptions are those staff in districts with 150 or more participating/non-designated staff. The non-designated participating staff within the larger districts will be part of a random selection process and will receive time study forms only if selected. **All staff listed in the “staff and security” section of the automated system must be trained as participants.** Training requires and contract information can be found in those sections of the manual.

Staff reported in the S275 or payroll in one or more of the codes listed below cannot participate in the time study. These staff should not appear in the “staff and security” section of the automated system.

Non-included Staff Chart

Program Codes*
21,24,26,29,38,39,46,51,52,53,54,56,57,61,64,67,68,69,71,73,76,77,78,81,86,88,89,9798,99,CP, SB

Activity Codes*
11,12,13,14,22,25,41,44,51,52,53,61,62,63,64, 65, 67, 72, 73, 74, 75, 91, CP, SB

*The above codes are from the OSPI Appendix A of the S-275 Personnel Reporting Instructions for School Year 2003-2004, page 62.

Exhibit E – Operating Expense Instructions

Claiming for Operating Costs

“Operating Costs” means the costs related to staff time, supplies, and/or contracted claiming agents performing functions which are required to operate the Medicaid Administrative Match (MAM) program or time study. These functions include:

- Accessing the Medicaid time study form(s) and making copies for distribution
- Distributing the time study forms to participating staff
- Collecting the completed forms from staff and reviewing for signatures
- Inputting the time study information into the automated system
- Accessing the automated system, verifying, and updating calendar information
- Accessing the automated system, updating, and verifying staff and security information, copying or updating quarterly.

Functions/Expenses not allowed:

- If billing/claiming agents are paid on contingent or percentage of the MAM claim.
- If costs for staff performing the above operations are included in the overhead or indirect rate calculation
- Staff participating in the time study cannot claim for operating costs, regardless of whether they have MAM activities for the period.
- If the operational activity performed is not related to MAM claiming, or is part of the normal responsibilities of the staff.
- If staff performing the operating activity is paid out of federal funds.

Documentation Requirements:

Any claim made for reimbursement must be able to be supported by accounting records. Examples include:

- Time logs and payroll reports
- Payment documents to claiming/billing agents, contracted staff, etc. that detail the dates and functions performed
- Contract or agreement with agents, etc. stating the period of performance, rate of payment and services rendered for the fees.
- Receipts for expenditures

The Operating Costs Worksheet needs to be attached to each A-19 on which operating costs are claimed. Operating costs must be claimed on the A-19 for the period in which the costs were incurred.

No MER needs to be applied to this activity.

ATTACHMENT 8:
EXAMPLE OF POSSIBLE POOLED
BASED ALLOCATION

EXAMPLE OF POOLED BASED ALLOCATION

Population Data		Sample Data			Calculations			Results
Population		Designated Time	Pooled Teacher Time		Proportion Calculated	Calculated		Estimated
Total Time		sample=all	sample= 1/6		Teacher/Designated	Teacher Time		Total Time
0.015		0.007				0.009		0.016
0.048		0.018				0.023		0.041
0.049		0.022				0.028		0.049
0.128		0.059				0.075		0.135
0.057		0.024	0.031		1.272	0.030		0.054
0.059		0.024				0.030		0.054
0.038		0.017				0.022		0.039
0.036		0.014				0.018		0.033
0.063		0.024				0.031		0.055
0.064		0.032				0.040		0.072
Total		0.056	0.024			0.031		0.055

ATTACHMENT 9:
NUMBER OF SCHOOL DISTRICTS AND STAFF BY SIZE
OF SCHOOL DISTRICT IN 2001-2002 AND 2003-2004

Figure 1

Total Number of School Districts (SD) In Washington State by Size

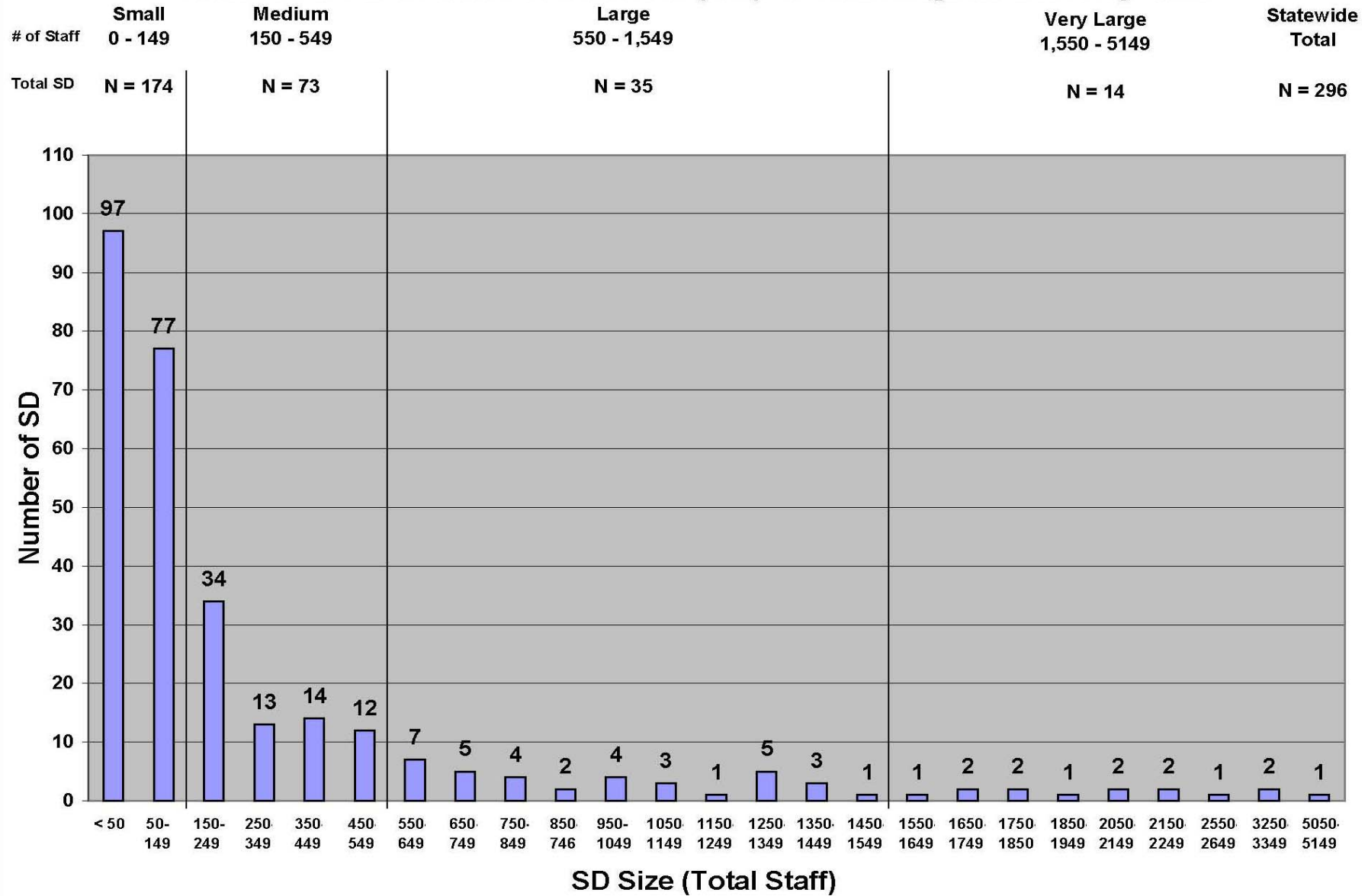


Figure 2

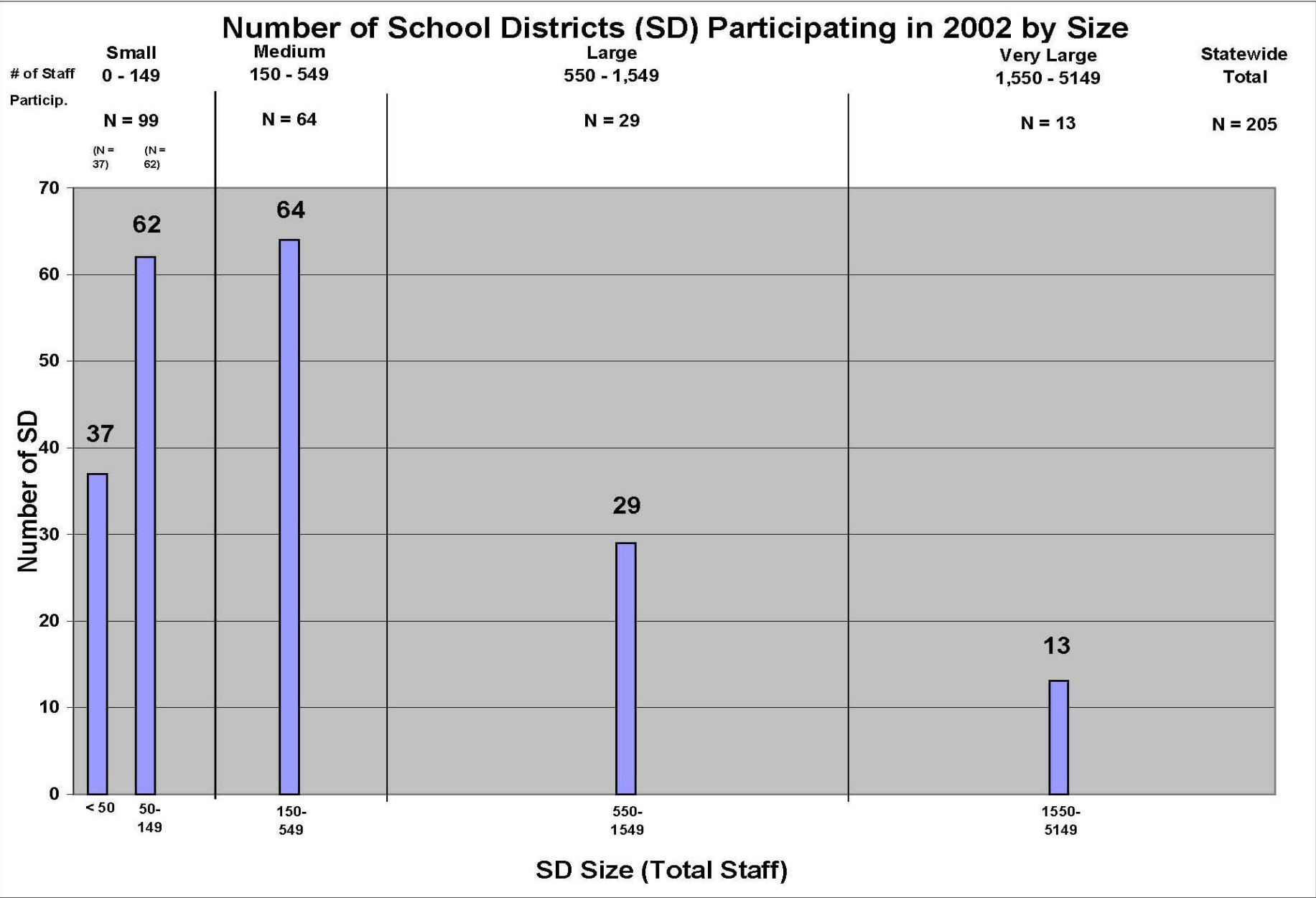


Figure 3

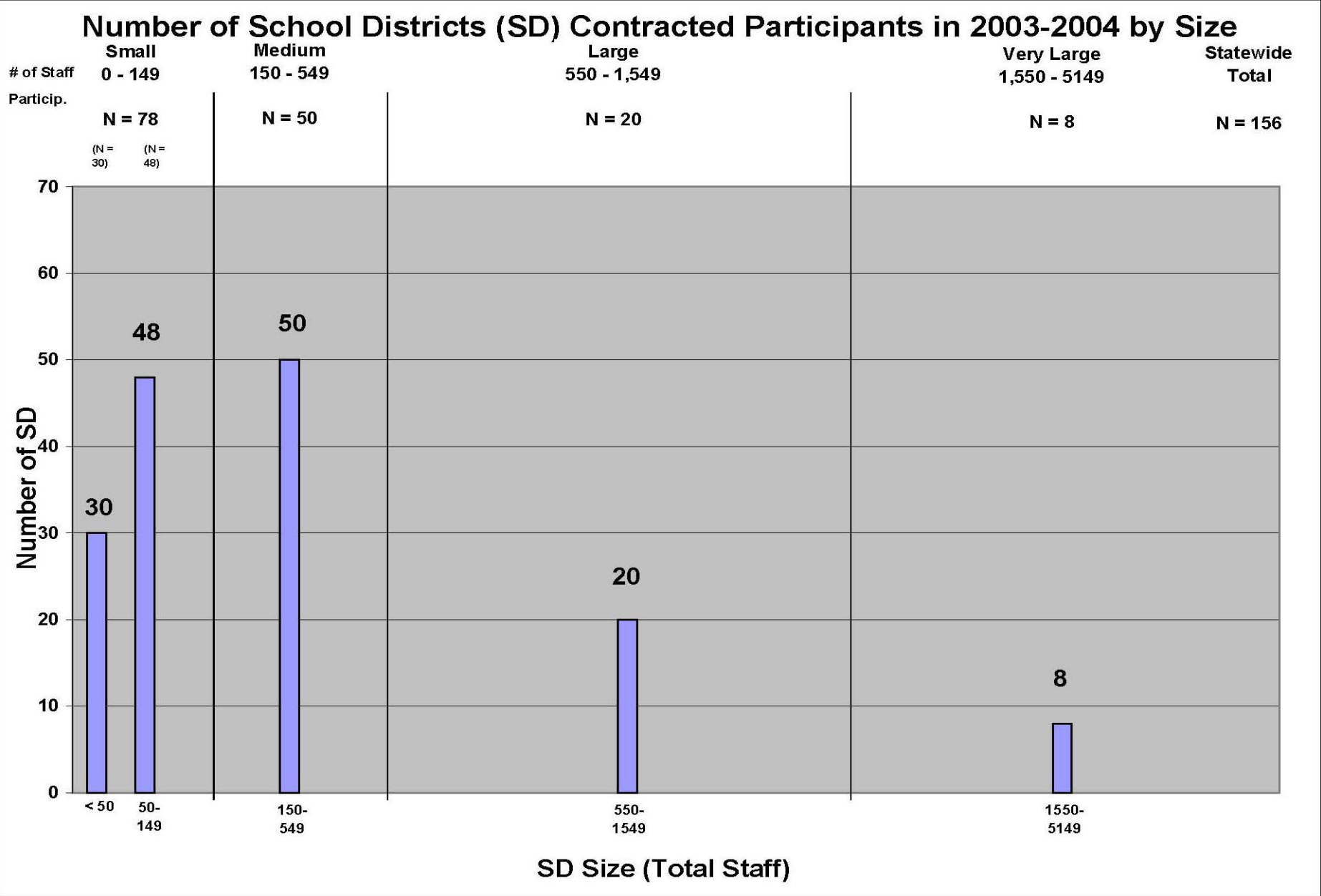
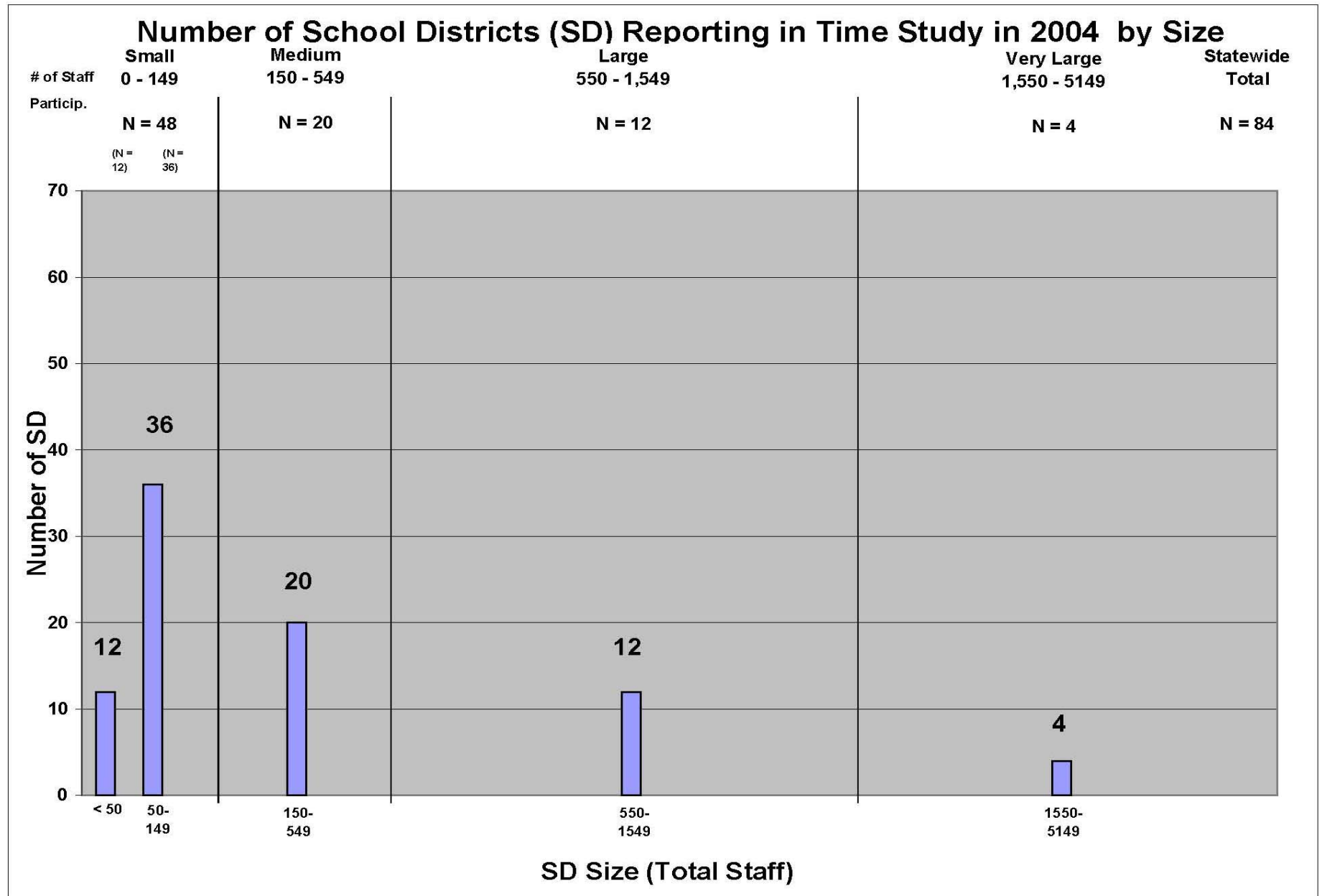


Figure 4



**Very Small Participating School Districts
(Very Small < 50 Staff)**

ESD	District Number	District Name	School Year 2002								School Year 2004			
			Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New	SD Contracted	SD Reporting	Total Staff	Staff Reporting
113	21226	Adna	45.2	37	52	45	26.7	21.5	11.2	11.5	Yes	Yes	55	24
113	21234	Boistfort	15.2	9	22	15	45.2	58.2	3.3	4.3	Yes	Yes	19	10
114	16046	Brinnon	9.0	5	12	9	54.1		12.8	18.9	Yes			
101	33206	Columbia (Stev)	33.6	22	46	32	63.2		6.0	6.3	Yes			
113	14099	Cosmopolis	18.3	13	25	18	31.8		7.0	8.3				
101	10050	Curlew	32.2	23	43	34	65.7		6.3	7.3	Yes	Yes	43	29
101	26059	Cusick	47.1	32	66	50	67.5	46.9	6.8	7.7	Yes	Yes	65	24
171	04127	Entiat	42.3	31	50	36	53.2	46.6	4.7	5.4	Yes			
101	38302	Garfield	28.9	20	42	26	28.3		3.4	3.9	Yes			
112	20401	Glenwood	19.8	14	28	22	29.8	37.5	74.8	83.8				
101	22204	Harrington	25.3	17	37	27	26.6	32.9	2.0	2.3	Yes	Yes	44	16
113	23404	Hood Canal	42.7	28	57	38	54.7	65.9	5.1	6.0				
112	20402	Klickitat	27.1	20	33	31	49.2	50.0	3.7	3.8	Yes			
101	38126	Lacrosse	27.8	19	36	24	44.5	40.8	2.8	3.1	Yes			
101	01158	Lind	34.7	24	43	31	42.6	49.4	1.9	2.2	Yes	Yes	42	18
113	23311	Mary M. Knight	30.7	24	47	38	50.0	48.0	9.1	9.3	Yes			
113	14065	McCleary	33.0	23	49	36	39.4	42.6	16.4	17.7				
171	24014	Nespelem	39.5	26	48	36	19.8	70.6	7.1	8.9				
101	33211	Northport	32.3	22	46	35	64.3		11.1	11.7	Yes			
113	14400	Oakville	40.2	29	57	45	57.8	62.6	7.4	7.3				
101	22105	Odessa	39.5	27	59	49	24.4		5.7	6.8	Yes	Yes	56	35
101	10065	Orient	12.4	7	20	9	52.5	62.0	10.5	13.2	Yes			
171	09013	Orondo	28.2	21	37	29	60.9	51.0	1.5	1.7	Yes			
171	24122	Pateros	37.4	27	49	37	68.9	35.9	9.7	10.8	Yes			
113	21301	PeEll	38.7	28	50	43	41.8	40.9	3.5	3.9	Yes			
123	12110	Pomeroy	47.2	34	76	60	33.0		0.8	0.9	Yes			
114	16048	Quilcene	36.8	26	48	38	40.7	42.8	6.2	6.9	Yes			
113	14097	Quinalt	42.6	29	50	38	52.6	58.4	6.9	7.2	Yes	Yes	55	37
101	01160	Ritzville	46.5	34	56	39	37.0	40.9	9.9	10.9	Yes	Yes	59	40
101	38320	Rosalia	40.6	30	62	51	35.6		11.1	11.4	Yes	Yes	59	41
113	23042	Southside	23.3	17	29	21	36.2		5.7	5.5				
113	14077	Taholah	38.0	27	45	34	76.0	73.7	5.5	6.0	Yes	Yes	46	5
101	38265	Tekoa	31.9	24	47	37	47.5	48.3	10.2	11.0	Yes	Yes	43	29
101	33070	Valley	19.7	14	30	23	66.3	66.9	6.9	7.4	Yes			
171	09209	Waterville	37.2	27	48	37	33.2	37.9	8.0	9.1	Yes			
101	22200	Wilbur	35.1	24	55	41	36.2	41.7	5.7	6.2	Yes			
113	14117	Wishkah Valley	29.9	23	43	35	17.0	31.7	2.1	2.2	Yes			
Total Staff			1210	857	1643	1249							586	308
Number of SDs											30	12		
Approx. Averages (by SD)							47.5	50.8*	8.5	9.5				

* - Excludes missing data.

**Small Participating School Districts
(Small 50 - 149 Staff)**

ESD	District Number	District Name	School Year 2002								School Year 2004			
			Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New	SD Contracted	SD Reporting	Total Staff	Staff Reporting
123	02420	Asotin-Anatone	66.8	53	79	63	29.3	30.4	7.8	7.7			78	58
171	24111	Brewster	109.2	82	134	106	77.5	52.9	5.1	5.3	Yes	Yes	127	82
171	09075	Bridgeport	75.0	56	88	69	71.0	54.7	9.5	10.1	Yes	Yes	85	13
114	05401	Cape Flattery	104.8	80	133	106	44.1	51.7	4.8	4.9	Yes	Yes	117	55
171	04222	Cashmere	147.5	112	182	145	40.4	39.0	3.9	4.1	Yes			
112	08401	Castle Rock	124.7	93	158	108	33.7	33.8	4.7	4.7	Yes	Yes	161	117
101	33036	Chewelah	120.7	90	159	122	44.8	50.2	1.5	1.5				
114	16049	Chimacum	143.5	102	202	148	40.9	36.2	5.3	5.8	Yes	Yes	195	81
101	38300	Colfax	74.2	55	114	87	27.6		4.6	5.1	Yes	Yes	109	65
123	36250	College Place	94.1	67	109	82	45.2	48.8	3.1	3.4				
123	36400	Columbia (Walla)	98.5	73	125	87	12.8	32.7	4.0	4.0	Yes	Yes	55	23
189	15204	Coupeville	98.8	80	115	91	28.6	24.0	3.9	3.9	Yes	Yes	127	71
189	31330	Darrington	75.6	45	98	77	39.0	43.3	4.5	5.7	Yes			
101	22207	Davenport	54.8	38	65	44	32.4		10.6	11.3	Yes	Yes	69	28
123	07002	Dayton	72.4	53	110	91	55.5	45.2	7.6	8.0	Yes	Yes	105	43
123	03053	Finley	116.1	84	143	101	29.8	42.6	10.5	11.5	Yes			
101	32358	Freeman	80.4	59	104	72	22.1	23.3	6.8	6.8				
105	20404	Goldendale	131.9	95	174	135	54.7	49.2	3.1	3.2				
171	13301	Grand Coulee Dam	109.5	78	148	111	44.1	48.3	4.9	5.3	Yes	Yes	135	44
105	39204	Granger	145.8	106	176	135	91.1		11.2	12.3	Yes	Yes	44	16
105	39203	Highland	125.3	90	155	118	54.3	52.6	4.0	4.3	Yes	Yes	155	119
101	33212	Kettle Falls	91.4	66	122	87	43.3	45.5	10.0	10.7				
105	19403	Kittitas	58.9	44	76	59	23.7	41.6	4.2	4.4	Yes	Yes	79	39
171	04129	Lake Chelan	133.3	100	172	135	46.1	43.2	9.0	9.6	Yes	Yes	31	26
101	32362	Liberty	68.0	46	98	67	37.8	35.7	6.8	7.7				
105	39120	Mabton	93.2	66	119	88	76.0	66.5	7.8	9.2	Yes	Yes	117	53
171	04019	Manson	80.8	54	109	78	67.9	49.1	5.8	6.6	Yes			
101	33207	Mary Walker	69.8	49	95	66	56.1		11.8	12.5	Yes	Yes	91	42
171	24350	Methow Valley	72.7	53	92	64	36.0	34.9	4.0	4.3				
113	14066	Montesano	129.9	103	176	145	28.6	32.0	1.9	1.9	Yes	Yes	172	113
113	21214	Morton	53.9	41	78	61	40.7		3.3	3.4				
113	21206	Mossyrock	67.6	50	86	65	50.2		5.5	5.8				
105	39003	Naches Valley	146.7	112	180	134	31.6	30.5	3.1	3.3	Yes	Yes	203	106
113	21014	Napavine	59.0	47	74	60	32.1	39.3	5.1	5.1				
101	26056	Newport	132.1	101	166	130	58.0		10.0	9.7	Yes	Yes	126	98
113	14064	North Beach	77.1	56	91	73	62.0	58.2	9.8	11.0	Yes	Yes	100	70
113	14172	Ocosta-Westport	84.3	61	114	89	48.6		6.4	7.2	Yes	Yes	75	34
171	24105	Okanogan	123.4	87	166	130	55.9	47.0	3.6	3.8	Yes	Yes	155	72
113	21300	Onalaska	89.6	64	119	84	44.6	50.2	7.1	7.3	Yes			
171	24410	Oroville	86.6	64	110	81	65.4	53.8	6.5	6.5	Yes			
113	23402	Pioneer-Shelton	88.2	66	106	80	55.8	55.5	3.1	3.4	Yes			
113	34307	Rainier	99.8	76	130	95	35.5		6.9	6.7	Yes	Yes	117	83
113	25116	Raymond	73.3	53	105	79	67.0	50.3	2.0	7.0	Yes	Yes	98	56
101	22009	Reardan-Edwall	74.6	53	99	76	35.8	37.1	4.2	4.3	Yes			
101	10309	Republic	53.8	39	78	58	54.7	49.4	5.7	5.8				
105	13160	Royal	135.5	95	168	126	69.1	44.8	4.4	5.0	Yes	Yes	59	41
101	26070	Selkirk	52.9	35	70	49	48.2	51.4	9.6	10.9	Yes	Yes	27	19
171	13156	Soap Lake	53.0	39	66	51	66.9	65.8	8.6	8.9	Yes	Yes	70	40
113	25118	South Bend	72.5	54	95	76	47.8	46.1	13.4	14.8	Yes	Yes	20	19
112	30303	Stevenson-Carson	122.9	94	158	129	39.4	39.6	3.2	3.6	Yes	Yes	160	82
113	34402	Tenino	132.2	107	174	146	38.5		6.6	7.0	Yes	Yes	184	126
113	21237	Toledo	86.6	70	118	97	61.5	47.2	4.5	4.5	Yes	Yes	114	72
171	24404	Tonasket	113.1	79	156	116	59.6	60.2	7.0	7.5	Yes	Yes	167	101
112	08130	Toutle Lake	65.1	48	91	71	28.5	33.6	6.7	7.1	Yes	Yes	93	10
105	38002	Union Gap	62.5	48	76	66	79.5	67.5	2.1	2.3	Yes			
121	17402	Vashon Island	149.3	120	212	181	18.0		0.8	0.8				
171	13146	Warden	101.7	75	132	101	67.0	56.9	5.0	5.6	Yes			
101	33049	Wellpinit	83.1	41	92	62	64.8		5.1	6.4	Yes			
113	21303	White Pass	84.7	64	116	95	61.9	49.7	3.9	4.3				
112	20405	White Salmon Valley	121.3	90	157	117	56.4	46.3	5.0	5.0	Yes			
113	21232	Winlock	76.6	59	102	80	46.6	42.0	4.3	4.4	Yes	Yes	107	27
105	39205	Zillah	114.7	82	135	100	63.1	41.7	7.4	7.9	Yes			
Total Staff			5905.3	4342.0	7651.0	5845.0							3927	2144
Number of SDs				62							48	35		
Approx. Averages (by SD)							48.2	45.4*	5.8	6.3				

* - Excludes missing data.

**Medium Participating School Districts
(Medium150 - 549 Staff)**

			School Year 2002							School Year 2004				
ESD	District Number	District Name	Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New	SD Contracted	SD Reporting	Total Staff	Staff Reporting
113	14005	Aberdeen	409.7	317	501	408	56.3	48.1	7.4	7.6	Yes	Yes	482	344
189	29103	Anacortes	284.5	224	364	296	30.8	28.2	5.3	5.2				
189	31016	Arlington	450.0	357	527	422	24.0	25.4	5.7	5.6	Yes			
189	37503	Blaine	198.6	151	248	189	49.6	43.6	5.0	5.1	Yes			
189	29100	Burlington-Edison	355.7	270	442	337	36.2	31.8	5.4	5.5	Yes	Yes	566	261
171	04228	Cascade	156.5	114	190	142	37.2	41.6	9.6	9.8	Yes			
113	21401	Centralia	337.1	244	448	320	54.8	50.3	1.5	1.6				
113	21302	Chehalis	304.7	245	394	312	41.6	40.1	2.4	2.3				
101	32360	Cheney	361.2	272	434	318	32.9	39.9	7.4	7.6	Yes			
123	02250	Clarkston	275.3	201	343	244	48.6	43.6	4.9	5.1	Yes	Yes	330	237
101	33115	Colville	211.5	162	279	232	53.9	46.3	9.4	9.5	Yes			
101	32414	Deer Park	196.7	148	276	218	41.5	48.1	11.6	12.1	Yes			
101	32361	East Valley (Spk)	475.3	346	582	418	37.7	40.4	3.0	3.1	Yes			
105	39090	East Valley (Yak)	223.9	170	288	220	35.5	38.5	2.6	2.6	Yes			
171	09206	Eastmont	497.3	399	629	545	41.9	40.3	8.0	7.9	Yes	Yes	655	386
105	19401	Ellensburg	280.5	207	371	285	43.1	34.7	3.8	4.0	Yes			
113	14068	Elma	203.0	151	265	191	47.0	42.8	7.3	7.6	Yes			
121	17216	Enumclaw	466.5	360	590	446	20.6	21.1	0.4	0.4				
171	13165	Ephrata	221.0	163	268	199	40.4	38.8	5.5	5.6	Yes			
189	37502	Ferndale	524.2	395	649	502	41.4	41.4	5.7	5.8	Yes			
121	27417	Fife	282.4	214	345	254	38.1	31.3	6.4	6.5	Yes			
105	39200	Grandview	304.3	225	369	283	73.1	59.7	4.0	4.2	Yes	Yes	402	302
189	31332	Granite Falls	202.4	167	250	209	29.0	34.1	6.6	6.1				
113	14028	Hoquiam	232.8	167	294	237	57.9	51.2	9.5	10.8	Yes	Yes	293	212
112	08458	Kelso	535.3	397	675	506	45.3	42.9	4.9	5.0				
123	03052	Kiona-Benton	160.8	122	211	168	41.6	42.4	3.0	3.0				
189	31306	Lakewood	218.8	165	268	207	19.2	18.8	3.6	3.6	Yes	Yes	42	18
189	37504	Lynden	237.1	187	343	281	29.1	31.6	0.8	0.7				
101	32326	Medical Lake	230.5	177	294	219	22.6	21.8	3.0	3.1	Yes			
189	37505	Meridian	153.3	114	193	146	42.0	38.7	13.2	13.7	Yes	Yes	207	135
189	31103	Monroe	501.6	403	602	490	20.4	21.9	1.2	1.2	Yes	Yes	637	33
189	37507	Mount Baker	247.0	170	302	209	49.0	47.2	3.0	3.2	Yes	Yes	313	216
101	32325	Nine Mile Falls	153.9	123	203	171	24.6	28.2	7.1	7.1	Yes	Yes	215	117
189	37506	Nooksack Valley	194.8	146	256	203	44.1	42.5	1.3	1.4				
123	11051	North Franklin	216.4	153	279	206	59.8	43.2	4.6	5.0	Yes	Yes	278	176
114	23403	North Mason	232.0	170	290	213	36.1	35.3	1.3	1.3				
171	24019	Omak	222.3	160	271	202	54.2	57.5	3.2	3.3	Yes			
123	01147	Othello	303.3	229	371	286	72.3	54.5	8.5	9.2	Yes			
114	05121	Port Angeles	450.5	348	515	406	44.1	44.2	6.9	7.2	Yes			
114	16050	Port Townsend	172.7	130	217	172	39.4	36.4	4.9	4.9	Yes			
123	03116	Prosser	277.5	206	340	250	46.3	43.8	5.7	5.7	Yes			
114	05402	Quillayute Valley	162.4	116	191	148	46.4	44.5	7.8	8.1	Yes	Yes	178	102
171	13144	Quincy	238.4	181	303	244	62.2	48.3	11.7	11.5	Yes	Yes	309	198
101	32416	Riverside	192.1	162	257	227	41.3	43.3	8.9	8.4	Yes	Yes	259	123
113	34401	Rochester	210.0	193	247	238	45.4	41.6	5.0	4.4	Yes	Yes	244	187
189	29101	Sedro Woolley	458.9	358	571	450	38.8	40.7	3.3	3.3	Yes	Yes	570	401
105	39119	Selah	350.4	279	447	360	35.8	34.6	3.6	3.6	Yes	Yes	452	301
114	05323	Sequim	235.4	189	303	258	43.1	39.3	3.8	3.7	Yes			
113	23309	Shelton	442.6	331	540	422	48.2	43.2	1.2	1.2	Yes			
121	17410	Snoqualmie Valley	404.4	311	490	364	13.6	15.8	0.9	0.9	Yes			
121	17406	South Central_Tukwilla	273.4	210	328	253	62.2	47.9	1.7	1.8				
189	15206	South Whidbey	229.2	176	292	228	24.9	27.2	0.7	0.7				
189	31401	Stanwood	489.9	385	599	452	23.0	23.8	2.5	2.5	Yes	Yes	619	67
189	31311	Sultan	220.8	171	260	195	31.5	33.7	5.8	6.1	Yes			
105	39201	Sunnyside	525.6	367	813	415	77.5	60.3	3.2	3.9	Yes			
105	39202	Toppenish	363.6	260	417	315	82.8	71.1	11.5	12.7	Yes	Yes	424	303
121	27083	University Place	509.1	399	621	482	26.5	25.1	2.4	2.5	Yes			
105	13073	Wahluke	163.5	126	189	148	77.2	47.3	10.7	11.6	Yes			
112	06112	Washougal	273.8	205	382	278	35.4	33.6	5.3	5.3	Yes			
101	32363	West Valley (Spok)	361.6	272	456	342	42.7	48.1	11.1	11.0	Yes			
105	39208	West Valley (Yak)	417.1	314	490	379	26.5	27.3	3.2	3.2				
121	27416	White River	402.8	314	508	384	21.9	23.9	2.7	2.7	Yes			
112	08404	Woodland	193.6	139	260	179	33.9		0.5	0.5				
113	34002	Yelm	453.4	340	556	406	37.3	35.5	1.0	1.0	Yes			
Total Staff			19535	14867	24276	18729							7475	4119
Approx. Averages (by SD)			64				41.9	39.2*	5.0	5.2	50	20		

* - Excludes missing data.

**Large Participating School Districts
(Large 550 - 1,549 Staff)**

ESD	District Number	District Name	School Year 2002								School Year 2004			
			Total FTE	Eligible FTE	Total Staff	Eligible Staff	(age 5-17)	% Med Matched	% Time Old	% Time New	SD Contracted	SD Reporting	Total Staff	Staff Reporting
121	17408	Auburn	1250.3	951	1480	1106	38.0	35.6	1.5	1.6	Yes	Yes	1376	87
112	06119	Battle Ground	951.8	795	1174	981	24.3	28.3	0.7	0.7				
121	27403	Bethel	1534.1	1172	1839	1387	32.1	33.4	4.8	4.9	Yes			
114	18100	Bremerton	634.6	476	764	602	48.5	46.8	5.7	5.9	Yes	Yes	684	114
114	18401	Central Kitsap	1325.3	988	1653	1229	20.4	21.0	4.4	4.6				
101	32356	Central Valley	1151.0	919	1423	1180	31.2	32.1	4.7	4.7	Yes	Yes	903	611
121	27400	Clover Park	1394.6	1047	1620	1173	38.6	34.9	4.8	5.1	Yes			
121	27402	Franklin Pierce	767.7	593	974	763	52.1	44.5	3.6	3.9				
123	03017	Kennewick	1366.7	1083	1697	1349	36.7	34.1	4.7	4.5	Yes	Yes	1799	944
189	31004	Lake Stevens	620.2	479	770	580	22.1	22.8	0.1	0.1				
101	32354	Mead	775.0	605	939	733	22.7	24.9	5.9	5.9	Yes			
171	13161	Moses Lake	650.3	492	798	652	47.6	46.9	4.9	5.0	Yes	Yes	664	455
189	29320	Mount Vernon	582.1	443	705	550	50.3	44.9	5.9	6.0	Yes	Yes	735	298
189	31006	Mukilteo	1260.7	1024	1573	1289	34.9	32.9	1.7	1.6				
114	18400	North Kitsap	728.6	561	959	756	23.5	24.0	4.5	4.5				
113	34003	North Thurston	1328.2	1026	1610	1196	30.3	29.0	6.2	6.1	Yes	Yes	1649	577
189	15201	Oak Harbor	562.2	445	646	523	19.2		7.8	7.6				
113	34111	Olympia	871.2	687	1088	873	29.7	22.9	3.0	3.1				
123	11001	Pasco	952.5	695	1143	825	70.0	50.6	6.3	6.7	Yes			
121	27401	Peninsula	849.4	684	1029	831	18.5	22.1	9.7	9.6	Yes			
121	17403	Renton	1233.4	945	1466	1123	36.5	36.0	2.6	2.7	Yes	Yes	1595	769
123	03400	Richland	878.8	697	1111	866	23.5	23.8	8.6	8.6	Yes	Yes	1145	775
121	17412	Shoreline	1069.1	821	1340	1048	20.9	22.4	1.7	1.7				
189	31201	Snohomish	751.7	600	908	725	15.6	17.0	5.2	5.2	Yes	Yes	936	288
114	18402	South Kitsap	987.2	773	1159	891	28.0	30.1	4.7	4.9	Yes	Yes	1020	209
121	27320	Sumner	745.8	568	947	734	23.5	23.3	3.3	3.3	Yes			
123	36140	Walla Walla	616.6	464	763	614	48.3	41.8	12.8	12.8	Yes			
171	04246	Wenatchee	693.1	524	909	721	50.3	41.7	3.8	3.9	Yes			
105	39007	Yakima	1453.1	1089	1671	1297	73.5	61.1	6.4	6.6	Yes	Yes	1693	1055
Total Staff			27985	21646	34158	26597							14199	6182
Number of SDs											20	12		
Approx. Averages (by SD)							34.9	33.2*	4.8	4.9				

* - Excludes missing data.

**Very Large Participating School Districts
(Very Large 1,550 - 5,149 Staff)**

ESD	District Number	District Name	School Year 2002								School Year 2004			
			Total FTE	Eligible FTE	Total Staff	Eligible Staff	% Med (age 5-17)	% Med Matched	% Time Old	% Time New	SD Contracted	SD Reporting	Total Staff	Staff Reporting
121	17405	Bellevue	1632.5	1276	1987	1571	19.3	18.4	0.0	0.1				
189	31015	Edmonds	2173.3	1671	2636	2044	24.4	26.1	1.6	1.6	Yes	Yes	2631	27
189	31002	Everett	1659.4	1356	1977	1641	30.0	29.6	3.2	3.2	Yes			
121	17210	Federal Way	2078.7	1695	2603	2120	36.4	35.1	0.1	0.1	Yes			
121	17401	Highline	1727.0	1348	2044	1590	47.0	44.2	3.2	3.3	Yes	Yes	1394	127
121	17415	Kent	2638.9	2098	3145	2498	30.1	33.8	2.8	2.7	Yes			
121	17414	Lake Washington	2169.8	1793	2655	2249	12.8	13.6	0.8	0.8				
121	17417	Northshore	1849.4	1451	2280	1753	12.9	14.1	2.2	2.3				
121	27003	Puyallup	1868.7	1406	2276	1726	21.2	22.9	0.5	0.5				
121	17001	Seattle	5098.6	3970	5711	4497	39.0	40.3	1.6	1.7	Yes	Yes	3065	68
101	32081	Spokane	3281.0	2519	3964	3082	50.4	50.4	4.0	4.3	Yes	Yes	3969	1766
121	27010	Tacoma	3330.5	2468	3827	2835	48.6	47.2	1.2	1.3				
112	06037	Vancouver	2197.6	1630	2645	1961	45.1	42.0	1.4	1.4	Yes			
Total Staff			31705	24681	37750	29567							11059	1988
Number of SDs											8	4		
Approx. Averages (by SD)							32.1	32.1*	1.7	1.8				

* - Excludes missing data.



Research and Data Analysis Division
Report Number 9.75b